

DuFief Elementary School PTA

Reimbursement Request

2014 – 2015 school year

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Please make check payable to:

\_\_\_\_\_

Description of Expense(s):

\_\_\_\_\_

\_\_\_\_\_

Committee/Activity/PTA Budget Line Item:

\_\_\_\_\_

Check Requested by: \_\_\_\_\_

Signature and Date

Payment disposition (Please check one):

----- U.S. Mail – provide mailing address on back

----- PTA Folder/Mailbox in copy room

Budget Approval: \_\_\_\_\_

Officers Approval: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_