

**Meiklejohn PTA Expense
Reimbursement Form**

Request Date: _____

Requester Name: _____

Requester Email: _____

Requester Phone: _____

Teacher (check will be sent to): _____

Date	Description	Amount	Category/Event/Teacher

PTA Approver, Title: _____

Total Reimbursement Amount: _____

Check Payable to: _____

Requester Signature: _____

Expense Reimbursement Guidelines:

1. Please attached receipt(s) or detailed explanation for reimbursement.
2. Please obtain PTA Board approval for Budget items requiring approval.
3. Please submit expense reimbursement forms via email to: treasurer@meiklejohnpta.com or to PTA box in school office.

For PTA use only

Date Request Received: _____

Check #: _____

Check issue Date: _____