

Sunset Elementary PTA 2.6.30

REIMBURSEMENT FORM

*Please attach original receipts or bills to this form
Not for Teacher Grants or Grade Level Enrichment*

Please attach a self-addressed, stamped envelope

Name: _____ Phone: _____

Amount of Bill: \$ _____ Date: _____

Committee/Office: _____

Budget Category (if known): _____

Explanation of Bill/Reimbursement: _____

Signature of Person Submitting: _____

(For Treasurer's Use)

Budget Category Charged: _____

Treasurer's Signature: _____