



Maryvale Elementary School PTA
Reimbursement Request Form

Date: _____

From: _____ (please print)

Phone: _____ or Email: _____

Please issue payment in the amount of \$_____ to the order of : _____
(name)

The funds were used for the following purpose: _____

And should be charged to the following budget item: _____

Please remit payment as follows:

___ Mail to my address: _____

___ Other: _____

Please note:

All requests for reimbursement are subject to approval and **MUST** be accompanied by a receipt.

Please staple receipts behind this form.

Submit your form and receipts by placing them in the PTA mailbox in the front office **marked to the attention of PTA Treasurer.**

Checks will generally be issued within 4 weeks of receipt of the request.

For Treasurers Use Only:

Check # _____

Date: _____