

HIGH SCHOOL PTSA
REIMBURSEMENT REQUEST

****RECEIPT MUST BE ATTACHED TO THIS REQUEST***

Committee: _____

Reason: _____

Date of Request: _____

Amount of Reimbursement: _____

If reimbursement is to be mailed, please mail to:

Signature: _____

FOR TREASURER USE

Budget Line Item: _____

Date: _____

Check Number: _____ Amount of Check : \$ _____