

SOUTH BAY PTA

4.4.30

Reimbursement / Grant Request Form

Name of person submitting request: _____ Date of request: _____

Committee or purpose: _____

Phone: _____ E-mail: _____

How would you like to receive reimbursement?

- Pick up at school
- US Mail (address): _____
- Other (please specify): _____

Description:

Amount:

	\$ -

NOTE: In order to receive a reimbursement, you must attach/scan receipts for items purchased to this and submit by email to southbaytreasurer@gmail.com or put in Treasurer folder in volunteer room.

PTA Use Only

Approved by: _____ Amount approved: _____

Date paid: _____ Check No: _____