

Request for Reimbursement Marvista PTSA



Check Requested by:			
Check Issued to:			
Mailing Address:			
Date:		Phone #:	
Total Reimbursed Amount: \$ _____			
<i>Check the box for Committee/Project:</i>			
<input type="checkbox"/> Executive Committee	<input type="checkbox"/> Auction	<input type="checkbox"/> Comm. Outreach	<input type="checkbox"/> Enrichment
<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grounds
<input type="checkbox"/> Volunteer Coord.	<input type="checkbox"/> Membership	<input type="checkbox"/> Communications	<input type="checkbox"/> Safety
<input type="checkbox"/> Art Docent Teacher's Name: _____		<input type="checkbox"/> Other, Explain:	
Description of Items/Services <i>(attach list of needed)</i> :			
Signature of Committee Chairperson:		Date:	

Please attach itemized receipts to Reimbursement form.
Keep a copy for your records.

To be completed by PTSA Treasurer:

Check #:	Check Date:
Treasurer Signature:	