

Croft Community School
PTA Reimbursement Form

(Please use a separate form for each program)

Date: _____
Name: _____
Address: _____
Phone: _____
Email (optional): _____

Submitting reimbursement for _____
Program Name

Item	Purpose of Expenditure	Amount

Total Requested _____
(Check One) Mail to Me _____ Will Pick Up _____ Send Home with my Child _____
Child's Name _____
Teacher's Name _____

*** ORIGINAL RECEIPTS MUST BE ATTACHED ***
(Photocopies of receipts returned by request only)

* Payment will only be made if funds for this program are available.

<i>Treasurer Use Only</i>			
Receipts Received	_____		
Check #	_____	Date _____	Amount _____ Split Check _____
Budget Line (if different than above)	_____		
Notes	_____		
Treasurer's Initials	_____	President's Initials	_____