

Lee Eaton PTA REIMBURSEMENT REQUEST

Name of Committee _____

Name of Person
Requesting Check _____ Date _____

Purpose of Expenditure (please be specific) _____

Itemized Expenses:

| | |
|----------|---------------|
| 1. _____ | Amount: _____ |
| 2. _____ | Amount: _____ |
| 3. _____ | Amount: _____ |
| 4. _____ | Amount: _____ |
| 5. _____ | Amount: _____ |

TOTAL Reimbursement Amount: \$ _____

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

_____ Phone _____

**PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC. &
RETURN THIS FORM TO: LEE EATON PTA, ATTN: TREASURER**

(Do not write below line.)

FOR TREASURER'S USE ONLY:

Check Number _____ Date Paid _____

Other Information: _____

President's approval (if over \$100): _____