

REIMBURSEMENT FORM

Copper Beech PTA

Use to request reimbursement for personal funds spent on behalf of CB PTA

Date:			
Name:			
Check Amount:			
Make Check Payable to:			
Send Check to:			
PTA Office <input type="checkbox"/>	Vendor <input type="checkbox"/>	Send Home with My Child <input type="checkbox"/>	
Child's Name and Teacher/Grade:			
Other <input type="checkbox"/>			
Signature:			
Print Name:			
Phone:			
Staple receipts to the back of this form. One form can be used for multiple transactions			
Cathy Richman, Treasurer			
CathyCBPTA@gmail.com			
FOR OFFICE USE ONLY			
Check #		Date:	
Amount:			
Keep a copy for your records			