



SJLES PTA Reimbursement Request Form

**Payee must be a member of the PTA for the current school year**

Date: \_\_\_\_\_ Pay to the Order of: \_\_\_\_\_

Amount: \_\_\_\_\_

Charge to: Individual Staff Member  Team  Event

(Is this charge for a teacher, a Team expense or a PTA event)

Purpose: \_\_\_\_\_

\_\_\_\_\_

What were the items purchased for? Please specify team or event (i.e., support of 3<sup>rd</sup> grade classroom, teacher support, Bingo night event food, etc.).

Itemized Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Receipts Attached \_\_\_\_\_

Check Distribution:

Forward to SJLES Mailbox

Send Home with Child

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mail to Payee:

Address: \_\_\_\_\_

**\*\*Attach receipts prior to forwarding. Leave in PTA mailbox or Email to: [SJLEStreasurer@gmail.com](mailto:SJLEStreasurer@gmail.com)**

Paid by Check #: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_