 

**Binns Elementary PTA**

**Reimbursement Request Form**

|  |  |
| --- | --- |
| **Date Requested:** |   |
|  |  |
|  |  |
| **Amount Requested:** |   |
|  |  |
|  |  |
| **Name of Requestor:** |   |
|  |  |
|  |  |
| **Description of Expense:** |   |
|  |  |

**OFFICE USE ONLY BELOW THIS LINE**

|  |  |
| --- | --- |
|  |  |
| **Event Information:** |   |
|  | **(Budget item or date of minutes showing approval)** |
|  |  |
| **Approver Name:** |   |
|  |  |
| **Approver Signature:** |   |
|  |  |
| **Date Paid:** |   |
|  |  |
| **Amount Paid:** |   |
|  |  |
| **Check #:** |   |