

CMES PTA EXPENSE REIMBURSEMENT FORM

Please complete and return to Monique Mullaney, PTA Treasurer

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Purpose of Reimbursement: _____

Authorized by: (Committee Chair) _____

****All receipts/invoices must be attached****

Amount

Detail of Expenditures

Total amount to be reimbursed: _____

Check payable to: _____

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Treasurer information

Date paid: _____

Check Number: _____

OMES PTA EXPENSE REIMBURSEMENT FORM

Please complete and return to Monica Millancy, PTA Treasurer

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Purpose of Reimbursement: _____

Authorized by (Signature): _____

All receipts/invoices must be attached

<u>Detail of Expenditures</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total amount to be reimbursed: _____

Check payable to: _____

Treasurer information

Date paid: _____

Check Number: _____