

Friends Of Forest Grove PTA-Reimbursement Request

Requested By: _____ Date: _____

Description: _____

Amount: \$ _____ Check Payable To: _____

* Attach all receipts to this form and return to the PTA box in the office OR in the staff room PTA mailbox.

Please itemize your receipts:

	Vendor	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
Total		\$

FOR FACULTY & STAFF ONLY:

* Reimbursement checks will be written 3 times/year:
October, March, May

* Receipts need to be submitted by:
October 29, 2021
March 4, 2022
May 13, 2022

* If you have an urgent need to be reimbursed, please reach out to us:
fgptapresident@gmail.com

FOR CHAIR & CO-CHAIRS ONLY:

* Please submit receipts within 30 days of your purchases.

FOR TREASURER'S USE ONLY

Date Paid: _____ Check #: _____ Amount Paid: \$ _____

Budget Category: _____