

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	\$

Expenses Approved/PTA President Signature: <hr style="border: 0; border-top: 1px solid black;"/>
Date: _____

FOR TREASURER'S USE ONLY

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

Budget Category: _____