Central Valley PTA

Reimbursement

- Complete this form when requesting reimbursement for expenses incurred on behalf of the PTA
- Attach all required receipts to this form and forward to the PTA treasurer within 15 days of the purchase or event
- o A copy should also be placed in your committee binder
- o If you used a credit card the PTA is not responsible for any interest
- Committee bills over the budgeted amount by \$20 must have approval from the
 Executive Board and cannot be paid until the association votes to approve the overage
- o No reimbursements will be made without a receipt

Name		Phone	
Expense of Committee be	eing reimbursed		
Total amount of expense	for reimbursement		
Comments of special inst	ructions		
Check Payable to			
		Date	
•••••		ırer Use Only:	
Date received by Treasu	rer		
Date Check Issued	Check No	Date Check Clear	red
Annroyed by			

Please attach receipts or copy of receipts and submit to PTA treasurer:

Stephanie Brown
412-863-2052 or steph.browncvt@gmail.com