

# J R Briggs PTA

[www.awrsd.org/jrb](http://www.awrsd.org/jrb)

## Reimbursement Request

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Check Payable to \_\_\_\_\_

Full Address \_\_\_\_\_

*Your check will be mailed to you.*

Date Mailed \_\_\_\_\_

Project/Category \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Reimbursement \_\_\_\_\_

*Included in annual budget.....or.....*  *Approved at meeting (date \_\_\_\_\_)*

***\* \*\*The ORIGINAL Receipt(s) totaling the amount of reimbursement must be attached. \*\*\****

Approved by (PTA Officer) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTA Officer) \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

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