

**HENRY P. MOHR ELEMENTARY PTA
REIMBURSEMENT REQUEST FORM**

Date: _____

SUBMITTED BY: _____ PHONE: _____

CHECK PAYABLE TO: _____ PHONE: _____

CHECK TO BE MAILED TO: _____

STREET: _____

CITY: _____, STATE _____ and ZIP _____

SPECIAL INSTRUCTIONS:

Please attach ORIGINAL RECEIPTS ONLY – Photocopied receipts of expenditures cannot be reimbursed!

<u>EVENT/ACTIVITY</u>	<u>EXPENDITURE DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<u>TOTAL</u>	_____

APPROVED BY: _____ President

_____ Secretary

FOR TREASURER ONLY:

PAID: _____ DATE: _____ CHECK #: _____ AMOUNT: _____