

STEWART PTA EXPENSE REIMBURSEMENT FORM

Please complete this form when requesting reimbursement from PTA for any expenses incurred on behalf of PTA.

Attach all required receipts to the back of this form and forward to the PTA Treasurer within 30 days after the purchase or event date. If you used a credit card, PTA is **not** responsible for interest should you fail to turn in your receipt in a timely manner.

Committee bills over and above the *budgeted* amount by \$20 must have approval from the Executive Board (and cannot be paid until the association votes to approve the overage).

No reimbursement will be made without receipts.

Name: _____

Phone #: _____ E-Mail: _____

Expense or Committee being reimbursed: _____

Total amount of reimbursement request: \$ _____

Comments or special instructions: _____

Signature: _____

Date: _____



FOR TREASURER USE ONLY

Check payable to: _____

Date received by Treasurer: _____

Date check issued: _____

Approved by: _____

Check No.: _____

***Please attach receipts or a copy of the receipts to this sheet and submit to
Christina Bowman, PTA Treasurer, bowman634@comcast.net, 724-433-9929***