

Barnsley PTA Reimbursement Request

Date Submitted: _____

Requested by: _____ Phone number: _____

Event/Committee*: _____

(* Event/committee must be specifically identified in the PTA's approved budget.)

Description of expenditure: _____

Receipt attached

No receipt. Requestor certifies that the expenditures were made on behalf of the Barnsley PTA and are true and correct.

Amount requested: _____

Make check payable to: _____

Return to (address/hand deliver): _____

Requestor's signature: _____

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For treasurer's use only

Date received: _____

Request approved as presented

Request not approved as presented

Description: _____ Adjustment: _____

Check number: _____ Check amount: _____

Date issued: _____

Issued to: _____

Returned via: _____

Date entered in computer: _____

