



**REIMBURSEMENT REQUEST FORM:
DISCRETIONARY FUNDS**

DATE:	
TEACHER NAME/GRADE:	
CHECK "PAYABLE TO":	
AMOUNT*:	
PLEASE DESCRIBE USE OF FUNDS:	

**MAXIMUM AMOUNT IS \$150*

PLEASE RETURN THIS COMPLETED REQUEST AND RECEIPT OF PURCHASE TO THE PTA MAILBOX IN THE OFFICE.

CHECKS WILL BE CUT NO LATER THAN 2 WEEKS AFTER FORM SUBMISSION.

IF NEEDED, USE TAX EXEMPTION #ES36687 FOR PURCHASE.

FOR PTA OFFICER'S USE ONLY:

APPROVED/DENIED:	
APPROVED/DENIED BY:	
DATE:	
REIMBURSEMENT DATE:	
CHECK NUMBER:	
CHECK AMOUNT:	
PTA TREASURER'S SIGNATURE:	
PTA OFFICER'S SIGNATURE:	