



Treasurer Use Only

Date Entered

Check #

Amount Paid

REIMBURSEMENT REQUEST FORM

2023-2024 School Year

Date

\$ _____
Requested amount

Make Check Payable To

Address (if check is to be sent)

Email & Phone number

** PLEASE NOTE **

* All requests must be authorized and signed by the committee chairperson or teacher, otherwise reimbursement will not be issued.

* Original receipts or clear & complete scans must accompany all requests.

* Checks will be available on or around the 15th and 30th of every month. Checks required outside of these dates require three business days notice unless previously cleared by the Treasurers.

Person Submitting Request, if different from Check Payee--Full Name

Please indicate if TDF (Teacher Discretionary Fund) or which PTA Program / Line Item to be charged

Reason for payment/event

Authorizing Signature of Chairperson/Teacher | Print name of Chairperson/Teacher

Final date for reimbursement requests is May 31st in order to get final check before school year end.
Further Questions? Contact: treasurer@loyalheightspta.org.