

Oak Hill PTA

Reimbursement Request

DATE: _____
 NAME: _____
 ADDRESS: _____
 TELEPHONE #: _____
 EMAIL: _____

Remaining Budget Amount _____
 (Do you still have money available to spend?)

ITEM	PLACE OF PURCHASE	ACCOUNT	AMOUNT
TOTAL REQUEST			

*REMEMBER: The PTA can not reimburse for state sales taxes paid

Please attach receipts.

Treasurer's Notes:	Comments to the Treasurer
Invoice Received	
Date Paid	
Check Number	
Amt Paid	
Account Charged	