ORRINGTON PTA
EXPENSE REIMBURSEMENT FORM FOR 2015-2016

Amount Requested: $ **Date Requested:**

Check Payable to:

Address:

Requested by (*print name*):

Email or phone #:

EXPENSE BREAKDOWN

Program/Committee/Event	Description of Expense	Amount

CHECK REQUEST PROCESS:

1. Original invoice(s)/receipt(s) must be attached to this form. Retain copies for your files.
2. Find blank copies of this form at **www.orringtonpta.org** under "Resources"
3. Sales tax is NOT reimbursed. Please make sure to use the tax-exempt letter for all Orrington PTA related purchases.
4. Submit completed request to PTA mailbox or **orringtonpta@gmail.com**
5. Once your request is approved, a check will be cut, signed and mailed to the address you specify above.

Questions? Please contact PTA co-presidents, Jacqueline Blom and Kristin O'Connor at orringtonpta@gmail.com or PTA Treasurer, Becky Kennedy at rebeccam_kennedy@yahoo.com.

For PTA/Treasurer Use

Approved by (*initial here*): _____

Date_____ Check **#_____** Amount_____