



Vandora Springs Elementary PTA Expense Request / Reimbursement Request

Requested By:

Requester Phone:

Requester Email:

Date Submitted:

Date Funds Needed:

	Y/N	Make Check Payable to:
Check Request	<input type="text"/>	<input type="text"/>
Reimbursement	<input type="text"/>	<input type="text"/>

*** Original Receipts are required for reimbursement**

Item Number	Description	Quantity	Item Price	Quantity Price	Information (Website Address, Mailing Address, Payment Requirement)

	Tax:	<input type="text"/>
Grand Total:		<input type="text"/>

Special Instructions:

For PTA Treasurer Use Only		
Date Approved by Board:	Date Check Written:	PTA Treasurer Signature:
Check Number:	Date Check Mailed:	PTA President Signature:
Comments:	Date Check Cleared:	