



<b>Treasurer Use Only</b>
_____
Date Entered
_____
Check #
_____
Amount Paid
_____

**REIMBURSEMENT REQUEST FORM**

2021-2022 School Year

\_\_\_\_\_  
**Date**

\$ \_\_\_\_\_  
**Requested amount**

\_\_\_\_\_  
**Make Check Payable To**

\_\_\_\_\_  
Address (if check is to be sent)

\_\_\_\_\_  
**Email & Phone number**

**\*\*PLEASE NOTE\*\*      Required information needed in bold**

- All requests must be authorized and signed by the committee chairperson or teacher, otherwise reimbursement will not be issued.
- Reimbursements can either be mailed by the Treasurer or other arrangements can be made. Reimbursements will not be sent via child.
- Original receipts or clear & complete scans must accompany all requests. Please double-check your math.
- Checks will be available on or around the 15th and 30th of every month.

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

\_\_\_\_\_  
**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](mailto:treasurer@loyalheightspta.org).