

PTA REIMBURSEMENT FORM

Name : _____

Phone Number: _____

Classroom Teacher Grant: Yes or No

Event: _____

Expense (Briefly describe): _____

Amount: _____

Make Check Out To: _____

Where to Send the Check: _____

Attach all receipts to this form and turn in to the PTA box in the main office.

**Classroom teacher grants need to be turned in by May 6, 2016