

SEHOME PTSA

EXPENSE REIMBURSEMENT or INVOICE PAYMENT FORM

To receive reimbursement for expenses agreed to be paid by PTSA, Sport team PAAC's, etc attach your receipts or the invoice to be paid to this form.

Date of Reimbursement Request: ___ / ___ / ___ Amount: \$ _____

Name of person submitting: _____ Email: _____ Phone: _____

Purpose of expense:

Place/store purchases were bought:

Pay to the order of:

Name: _____

Address: _____

Zip Code: _____

Method of check delivery (US mail, School mail slot, other) _____

Category(s)/budget to be charged	Amount
_____	\$ _____
_____	\$ _____

Has the Committee Chair(s) been notified of expenditures? _____

Treasurer's Use Only	
Date Paid: ___ / ___ / ___	Check# _____
Expense Category/Committee: _____	Amount \$ _____
Recorded in Quick books: _____	
Date: ___ / ___ / ___	

RECEIPTS MUST BE ATTACHED!!

Please return completed form with receipts to the Sehome front office mail slot for PTSA Treasurers (left side of teachers mail bank).

Notes/Comments