



Enatai Elementary PTSA Request for Reimbursement

Activity or Event: _____

Describe Purchase: _____

_____ Date Submitted

Description/Vendor	Amount:
Send check to: _____	TOTAL: _____

Make check payable to: _____ Phone number _____

Committee Chair ← (Signatures) → Approving Board Member

If for a fundraising event or a PTSA program with a committee, prepare in duplicate and give one copy to Treasurer and one copy to committee/event Chair

Attach all receipts to this form

For Treasurer's use only:

Date paid: _____ Check #: _____ Amount: _____