

SCHOOL PTSA REIMBURSEMENT/ADVANCE REQUEST FORM

Please complete within 30 days of expenditure

REQUESTED BY _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE _____ AMOUNT REQUESTED _____

CHECK ONE:

_____ Request advance payment

_____ Request reimbursement (attach receipts)

_____ Request payment of attached invoice

PAY TO _____

ITEMIZE EXPENSES BELOW

DATE	PURPOSE OF EXPENSE	SALES TAX	AMOUNT	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMITTEE/LINE ITEM NAME _____

APPROVED BY _____ TITLE _____ DATE _____

SUBMIT TO: Keila M. Keadle
2209 Tomotley Ct
Raleigh, NC 27606

keilacpa@bellsouth.net
Home Phone: 233-0918

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Treasurer's Use Only

Check # _____

Date Disbursed _____

Check Amount _____

Line Item _____