



Malcolm X PTA Reimbursement Request

Pay to _____

Address _____

City, ST, Zip _____

Phone _____

Request Date _____

Reimbursement amount requested _____

Please provide a brief description (classroom disbursement*, spring fair, etc.) and attach all original receipts.

** please include room # in description*

Requestor's Signature: _____

Approvals:

_____ PTA President

_____ PTA Secretary

Budget line #	
Account name	
Check number	
Check amount	
Check date	
Payee	

For Classroom Disbursement Accounts
Amount Remaining after this reimbursement: _____