MALCOLMX
ELEMENTARY SCHOOL
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TOBETHER WE CAN

## **Malcolm X PTA Reimbursement Request**

	Pay to
	Address
2111	City, ST, Zip
William.	Phone
TOBETHER WE CAN	Request Date
Reimbursement amou	int requested
Please provide a brief attach all original rece	description (classroom disbursement*, spring fair, etc.) and ipts.
	* please include room # in description
Requestor's Signature	e:
Approvals:	
PTA President	PTA Secretary
PTA President	FTA Secretary
B 1 4 11 11	
Budget line #	
Account name Check number	
Check amount	
Check amount	
Payee	
1 4,00	

For Classroom Disbursement Accounts Amount Remaining after this reimbursement: \_\_\_\_\_