

Franklin School PTA  
**Request for Reimbursement**

**Instructions:**

1. Complete this form
2. Attach original receipt(s)
3. Obtain president's signature approving purchase
4. Present the completed form with attached receipts and president's signature to treasurer

Date Submitted: \_\_\_\_\_ Committee Requesting Check: \_\_\_\_\_

**Itemize Receipts:**

	<u>Vendor</u>	<u>Budget Category to Charge</u>	<u>Amount</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

**Total Reimbursement Amount Requested: \$ \_\_\_\_\_**

**President's Approval (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Check requested by (signature): \_\_\_\_\_

Mail to my home                      Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Submit to:     Jennifer Shelby, PTA Treasurer  
                  2177 S. 78<sup>th</sup> St., West Allis, WI 53219  
                  (414) 870-6572  
                  sjennynick@aol.com

**For Treasurer Use Only:**     Date Check Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_     Check #: \_\_\_\_\_     Category: \_\_\_\_\_