



PS/IS 276 PTA  
55 Battery Place  
New York, NY 10280

## REIMBURSEMENT REQUEST FORM

Date submitted: \_\_\_\_\_

Requested By (Name): \_\_\_\_\_

Requested BY (Email): \_\_\_\_\_

Event Name/Purpose: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

*Please include details below:*

Store/Vendor	Budget Line <i>(see Treasurer)</i>	Amount
<b>Total Expense*</b>		

*\*Total Expenses over \$500.00 will require General Meeting approval*

Approved By: \_\_\_\_\_

*(Committee Chair/Executive Board)*

**\*\*\*PLEASE ATTACH RECEIPTS\*\*\***

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For Treasurer's Use Only:

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Sec Sign \_\_\_\_\_ Date Approved \_\_\_\_\_