



Brewer Island Elementary School PTA
Request for Reimbursement/Payment of Invoice

Date of Request: _____

Requested By: _____ Contact Information: _____
(email or phone number)

Make Check Payable To: _____ Same as requestor See invoice

Delivery Instructions:

Mail to: _____
(address)

Leave in box

Other: _____

Program/Event to be Charged: _____ Teacher Supplies

Program/Event Chairperson Approval: _____

Date	Description (list store/vendor or describe expense in general for each receipt)	Amount

Total: _____

Instructions:

- 1) Attach receipts/invoices to the completed form.
- 2) Obtain the Program/Event Chairperson's Approval before submitting form.
- 3) Keep a copy for your records.
- 4) Place in Treasurer's box in the office.
- 5) If you have questions, email the Treasurer at judy.biespta@gmail.com

For PTA use only:

PTA President Approval: _____

PTA Secretary Approval: _____

Treasurer Initials: _____ Date of Check: _____ Check #: _____

Dated Logged: _____