

SUNRISE MIDDLE SCHOOL PTSA REIMBURSEMENT FORM

NAME: _____

DATE: _____

REIMBURSEMENT AMOUNT: _____

STORE NAME: _____

RECEIPT NUMBER: _____

DATE OF PURCHASE: _____

EVENT: _____

Brief Description of Items Purchased:

To whom make check payable: _____

Address of payee: _____

All requests for reimbursement must be accompanied by a receipt and be made within ten (10) days of the date of the receipt.

****PLEASE ATTACH ALL RECEIPTS****

For PTSA Treasurer Use Only

Check Number: _____

Amount: _____

Check Date: _____

Event: _____

Approved by: _____

Signature: _____