

East Ridge Elementary PTA

Enrich, Encourage, Enlighten!



Expense Reimbursement Form

Activity / Expense / Committee / Event	Item Description	Where Purchased	Quantity	Total w/tax
				\$
				\$
				\$
				\$
				\$
				\$
<u>ALL RECEIPTS MUST BE ATTACHED</u>			Total to be reimbursed:	\$

RETAIN COPIES OF THIS FORM AND ALL RECEIPTS. Requests must be received within 30 days of expenditure. Checks are written on the 15th and 30th of each month. If faster turnaround time is required, please contact the Treasurer directly, treasurer@erpta.org. Be sure to get your committee chair's approval signature.

Payable To: _____

Telephone: _____

Address: _____

Date Requested: ____ / ____ / ____

Committee Chair Approval:

For Treasurer's User

Check #: _____ Date: ____ / ____ / ____

Paid To: _____

Amount: \$ _____

Expense Account: _____

Budget Remaining: _____