

Check # _____

Kennydale PTA Reimbursement Form

Date Submitted: _____

Pay to the Order of: _____

Mailing Address: _____

Phone Number: _____

Check Amount: \$ _____

Attach check here

Expense Category:	Items:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Amount	\$ _____

Committee Chair
Signature: _____

Board approval is required prior to committee purchases. Bills will not be paid without this form filled out completely. Attach all receipts to this form.

The Bottom half is Completed by the Treasurer

Check #	Check Amount	Check Date
_____	\$ _____	_____

Treasurer's Signature: _____