



Media Elementary School PTG

Reimbursement request for board-approved expenses

Please use a separate coversheet for each person to be reimbursed. Please use a separate line for each major receipt.

All receipts need to be dated, categorized and attached to this cover sheet.

Event/Project Name: _____
 Event/Project Chairperson: _____
 Event/Project Budget: _____

Please select how you would like to receive your check:

- Pick up in School Office
- Mail to Address Provided

Name (Payee): _____
 Email Address: _____
 Phone #: _____
 Mailing Address: _____

Date	Description	Category	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Subtotal:	_____
		Less Advances:	_____
		Net Reimbursement Amount:	=====

 Date Signature

Additional Comments or Instructions

Office Use Only

Date Received: _____	Date Issued: _____
Received By: _____	Check #: _____
	Amount: _____