

2014-2015
Aldert Root Elementary PTA
Request for Reimbursement or Payment

Date _____

Pay to _____ (Name)

_____ (Address)

_____ (City, State, Zip)

Amount Requested _____

Requested By _____

Phone _____ or Email _____

Committee _____

Check should be: Mailed to Vendor ____ Put in PTA or Teacher Box ____
Treasurer box for pickup ____ (you will receive an email when ready)

Purpose of Expense**

**REQUIRED _____

Please allow 7 days for all reimbursement and
payment requests to be processed.

*****ATTACH RECEIPTS/INVOICES*****

PLACE COMPLETED FORMS IN TREASURER'S PTA BOX
QUESTIONS to Caroline Carr, 215-4524, carolinevcarr@yahoo.com