

Parent Expense Reimbursement Request Form
(Not to be used by staff Members)



TAKOMA PARK
Elementary School
 Parent Teacher Association

To: The TPES-PTA Date: _____

Please pay: _____ Grade: _____
 (Name of Person)

Amount: \$ _____ Activity: _____

Purpose of item(s) purchased: _____

Itemization of Expenses:

Item	Vendor	Description	Amount

Please note: *all requests for reimbursement must be accompanied by original (or copies of) receipts.*

 Signature

 Printed Name

Please give your e-mail / phone number below for contact purposes:

Please choose an option to receive your check:

- Mail at the address given below Send in my child's Dolphin Folder (Please mention homeroom teacher's name)

To be filled by PTA Treasurer below:

Paid by Check No: _____ Date: _____

Comments / Notes: _____