

**REIMBURSEMENT
REQUEST
FORM**

Please complete this form and attach relevant receipt(s) and communications. PTA policy requires that receipts are attached for reimbursement. Please return the completed form and receipt(s) to the PTA mailbox at either Solana Vista or Skyline. Checks will be left in the PTA box at Solana Vista for pick up, unless you indicate you want is sent elsewhere.

THANK YOU!

PTA Treasurer: Tina Tharp, cwtharp@roadrunner.com (858) 337-3868

Requestor's Name: _____

Name on check (if different from above): _____

Requestor's phone number: _____

Where do you want reimbursement sent: _____

Requestor's email: _____

Today's Date: _____

Amount of Expense: _____

Description of Expense: _____

Associated Budget Line Item (Program Name): _____

Which School (please circle): Solana Vista Skyline PTA-General

PTA Treasurer Use

Date Check Issued: _____

Amount of Check: _____

Check Number: _____

Budget Line Item: _____