

**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: Karen Brandenburg, karenbrandenburg@sbcglobal.net 760-450-4594

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: \_\_\_\_\_