Downing Middle School
PTA Reimbursement Request Form

Request Made By: _____

Made check payable to: _____

Address: _____

Telephone Number: _____

Date of Request: _____

Date Check Needed: _____

Total amount of Check Request: _____

(Please attach original invoice or receipt(s) to this form! Please remember, the PTA cannot reimburse for sales tax paid. All purchases should be exempt from sales tax. See PTA Treasurer with any questions.)

Description of Item(s)	Budget Line	Amount

Special Comments:

_____

For Treasurer's Use Only

Approved by _____

Approved by _____

Check Date _____

Check # _____ Amount _____

Who/How Delivered _____