



Mount Pleasant PTA  
Reimbursement Form 2016-2017

Event Name:

Event Chairperson:

Event Date:

Allocated Budget:

Expenses: (Attach receipts to back of form)

\*List Each Receipt Separately

Remit payment to:

Address:

Form \_\_\_\_ of \_\_\_\_

(if payment is needed for more than one vendor, submit a reimbursement for each)

Vendor	Amount	Explanation
Total Reimbursement Requested:		

Chairperson Signature/Date

Treasurer Signature/Date Upon Receipt

Date mailed:

Check #:

Allocation:

All reimbursements must be submitted within 14 days.

All monies must be accounted for by the event chairperson and arrangements must be made to get it to the treasurer. It is expected that all events stay within the allocated budget. We thank you in advance for your cooperation.