

**MEMORIAL ELEMENTARY PTA
2017-2018 REQUEST FOR REIMBURSEMENT**

Check yes if this is a teacher reimbursement: _____ Yes

Category/Activity: _____ Date of Event: _____
(If room party, please include room number & party type.)

Name of Requester: _____ Date of Request: _____

Email: _____ Phone #: _____

Please send my reimbursement to: Room #: _____ Student Name: _____

Reimbursement Details:

Store	Amount
Total Amount Requested:	

Requester's Signature _____

Request must have receipts attached with qualifying items **highlighted or circled**.
Requests are to be turned in no later than 1 week after the date of the event.
Allow 3 weeks from the event date to receive reimbursement.

**Submit this form to school labeled:
"PTA TREASURER, Jennifer Tinney, C/O Lily Tinney Room 14"**

Contact Jennifer Tinney at tinneyfamily541@yahoo.com with any questions.

Thank you for all your help!