**Barnsley PTA Reimbursement Request Form**

|  |  |  |
| --- | --- | --- |
| **Date Submitted:** |  |  |
| **Requested by:** |  |  | **Phone Number:** |  |
| **Event/Committee\*:** |  |
|  |
| *\*Event/committee must be specifically identified in the PTA’s approved budget.* |
| **Description of Expenditure:** |  |
|  |

|  |
| --- |
|[ ]  Receipt Attached |
|  |
|[ ]  No Receipt available. Requestor certifies that the expenditures were made on behalf of the Barnsley PTA and are true and correct. |

|  |  |  |
| --- | --- | --- |
| **Amount Requested:** |  |  |
| **Make Check Payable to:** |  |
| **Return to (address/hand deliver):** |  |

|  |
| --- |
|  |

**For Treasurer’s Use Only**

|  |  |  |
| --- | --- | --- |
| **Date Received:** |  |  |
|[ ]  Request approved as presented. |
|[ ]  Request not approved as presented. |
| **Description:** |  |
| **Adjustment:** |  |
| **Check Number:** |  |  | **Check Amount:** |  |
| **Issued to:** |  |
| **Returned via:** |  |
| **Date Issued:** |  |  | **Date entered in computer:** |  |