

**Sixth District PTA
Request for
Reimbursement**
Fill in all items in italics & include
any receipts

<i>Your Name:</i>	<i>Today's Date:</i>
<i>Amount Requested:</i> \$	<i>Email or Phone:</i>

Reason for Expenditure & any comments:

<p><i>Write check to (Name of person or company):</i></p> <p style="padding-left: 20px;"><i>Address:</i></p> <p><i>Instructions (mail, bring to board meeting, etc)</i></p>	
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Attach Receipt or Invoice!

Mail to: Peggy Switchenko, 1018 W Knickerbocker Dr., Sunnyvale, CA 94087-1725

President's Signature	Secretary's Signature & Date Approved:
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For PTA Treasurer: _____	Date: _____
Approved by Membership/ExB _____	Check # _____
Category: _____	Amount: \$ _____