

**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:

<i>Write check to (Name of person or company):</i> <i>Address:</i> <i>Instructions (mail, bring to board meeting, etc)</i>	
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Attach Receipt or Invoice!

Mail to: Tami Borba, 10310 Anderson Rd., San Jose, CA 95127

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