

# BURROUGHS PTA - Reimbursement Request

PTA Transaction Record

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Budget: \_\_\_\_\_

Teacher/Staff/Volunteer: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

Room No: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Vendor or person to whom the check should be addressed:

Describe the expenditure:

Describe the benefit(s) to Burroughs and/or your students:

\_\_\_\_\_  
Teacher/staff/volunteer signature

\_\_\_\_\_  
PTA Signature

Please sign your request.

Payment will be made after completion of request and attachment of receipt/invoice.

Please use Burroughs tax exempt ID number when making purchases.

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