

Burroughs PTA Reimbursement Form

PTA Transaction Record

Date: _____

Check #: _____

Amount: _____

Budget: _____

Date: _____

Requested Amount: _____

Date Needed: _____

Teacher/Staff/Volunteer: _____

Grade/Subject: _____

Room No: _____

Event: _____

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

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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.