

# 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:

Please sign your request.

Scan or copy receipts/invoices and email with this form to:  
evlarson@gmail.com

Reimbursements submitted by Monday will be paid by Monday  
the following week.

Please use Burroughs tax exempt ID number when making  
purchases.

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

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