To ensure that your reimbursement can be processed, you must:

1. Submit the completed reimbursement request form on page 2 along with supporting receipts. We cannot reimburse you without receipts.
2. Please submit separate reimbursement request forms and receipts for expenses tied to different PTA programs/events. This allows the PTA financials to be easily tracked and audited as part of standard operating procedure.
3. Attach a copy of your receipt(s) along with your reimbursement request form.

Please retain original receipt(s) until your reimbursement request is processed and you receive payment.

1. Highlight relevant reimbursement items on receipts.

Tally and verify expected reimbursement totals for the request.

5. The completed and signed reimbursement request form can be dropped off in an envelope addressed to the PTA treasurer and given to the front office staff.

1. Reimbursement requests must be filed within 45 calendar days of the expense being incurred.

We cannot guarantee reimbursement requests for expenditures that are more than 45 days old.

Reimbursement requests received by the PTA will be processed and paid no later than 30 calendar days following receipt of the necessary documentation. We will do our very best to update and notify you if there is expected to be a delay in processing your reimbursement. You will receive an email when your check is ready to be picked up in the front office.

As your PTA Treasurer, I will be available to assist you and hear from you if you have any questions, concerns or comments. Please direct all inquiries in writing to the email account treasurer@delmarheightspta.com. Thank you for supporting our PTA!

Malea Smith

Treasurer

Scott Shelly

Financial Secretary

 Submitted to PTA on Date:

/ /

Reason for Expenditure:

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

Chair Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to: (one person or organization only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of payee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Detailed Description of Expenses | Last 4 digits of credit card used | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | $ |

\*\* Use additional copies of this form if you have multiple programs/events or if checks should be made payable to multiple people.

=================== FOR PTA OFFICE USE ONLY ===================

Treasurer’s Record: Check #

Check Issued On

Amount Reimbursed $

PTA Notes (if any):