



Reimbursement Request Form

Original receipts, invoices and/or other supporting documentation must be attached

Project/Event: _____

Project/Event Date: _____

Make Check Payable to: _____

	Date	Store	Description	Amount
1				
2				
3				
4				
5				
6				
				Total:

☐ Deliver check to school for pickup

☐ Mail check to address provided below

Mailing Address:

Address: _____

City/State: _____ Zip: _____

Submitted by: _____ Date: _____

Email: _____ Phone # _____

(PTG USE ONLY)

Review by (PTG Treasurer): _____

Approved by (PTG Officer): _____

Account: General/Other Check # Dated: Logged: Yes/No