

# Franklin Sherman Elementary School PTA

## Request for Reimbursement

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAY TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RECEIPT ATTACHED?      YES      NO  
(circle one)

COMMITTEE: \_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

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Please attach all documentation to this form and place  
in the PTA Treasurer's Folder.