



PTA REIMBURSEMENT FORM

Date: _____

Name: _____

Please list each item purchased and amount - **ORIGINAL RECEIPTS MUST BE ATTACHED**
(Please retain a copy of this for your records)

BUDGET CATEGORY	AMOUNT	ITEM PURCHASED	STORE/VENDOR
American Education Week			
Box Tops & Receipts			
Family Events			
Fifth Grade Celebration			
Grandparent's Day			
Hospitality			
Hula for Hopkins			
Ice Cream Social			
Instructional Support			
Reading Incentive Program			
Reflections			
Safety Patrol			
Scholarships			
Shark Shuffle			
Science Fair (STEM)			
Spirit Wear			
Teacher Appreciation Week			
Teacher Discretionary Funds			
PTA Admin			

Total Amount Requested: _____

Mail to Me:

Drop in Office (Teachers)

Send Home with my Child:

Address: _____

Child's Name

Teacher's Name _____

Treasurer Use Only

Receipts Received: _____ Check #: _____ Date: _____ Amount: _____

