



CHALLENGER PTA REIMBURSEMENT REQUEST



Before submitting this form please check the following:

- Staple receipts or invoices to this form
- Program/Event Chair has approved this expense
- Submit completed form to the PTA Mailbox across from the office.
- Questions? Contact PTA Treasurer Heather Matthews (heather.matthews@comcast.net)

Event/Program: _____

Comet Cash Reimbursement

Requested By: _____

Email Address: _____ Phone: _____

Date Submitted: _____ Date Check is Needed: _____

List each receipt/invoice separately. If you have more receipts, please attach a list to this form.

Date	Payee (Company)	Description	Amount

Total Amount Requested: \$ _____

CHECK MADE OUT TO: _____

Special Instructions/ Notes: _____

CHECK DELIVERY:

- Mail Address: _____
- PTA Mailbox in teacher workroom
- Staff Mailbox

Treasurer Use Only: Check Number # _____ Date: _____