

EXPENSE REIMBURSEMENT FORM 2019-2020

AUDUBON PARK SCHOOL PTSA

DIRECTIONS:

1. Please fill out this form *completely* or you may not receive reimbursement
2. If expenses are for a classroom party/supplies, teacher must approve expenses by signing the designated line below
3. Staple all **ORIGINAL** receipts to this form
4. Requests need to be turned in within 30 days of expenditure.
5. After completing form, place in the reimbursement folder of the PTSA box located either downstairs in the front office, or upstairs in the mail room
6. Checks are written monthly. Please allow up to 30 days to receive your check.
7. You must **cash reimbursement checks within 60 DAYS** of check issue date to assure payment.
8. Checks will be sent home through your child(ren)'s teacher.

DATE: _____

TOTAL AMOUNT BEING REIMBURSED: _____

CHECK PAYEE/PAYABLE TO: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOMEROOM TEACHER: _____

ADDITIONAL COMMENTS OR EXPLANATIONS: _____

PROJECT DESCRIPTION (PLEASE LIST SEPARATELY)	AMOUNT

TOTAL AMOUNT: _____

TEACHER SIGNATURE: _____

PTSA USE ONLY: PTSA PRESIDENT APPROVAL _____

CHECK# _____ AMOUNT:\$ _____ DATE PAID: _____

ENTER IN QB: _____