

Farragut PTA Expense Reimbursement Form

Please submit form and original receipts within three (3) months of date of purchase.

Name: _____

Date: _____

Home Phone #: _____

Total Amount: \$ _____

Draw check to (if different from above): _____

Child's name, teacher, and room #: _____

List items purchased (unless receipt is itemized): _____

Please attach original receipts and write amount(s) in respective categories below. Please ask the chairperson of your activity if there is money in your budget before making any purchases:

- | | |
|--|--|
| <input type="checkbox"/> Assemblies
<input type="checkbox"/> Back to School Picnic
<input type="checkbox"/> Book Fair Expenses
<input type="checkbox"/> Career Day
<input type="checkbox"/> Fall Festival
<input type="checkbox"/> Family Game Night
<input type="checkbox"/> Field Trip Vouchers (Grade ____)
<input type="checkbox"/> Gifts & Wrap Fundraiser Expense
<input type="checkbox"/> Home Reading Program
<input type="checkbox"/> Hospitality
<input type="checkbox"/> HSA Lunch & Awards
<input type="checkbox"/> International Week
<input type="checkbox"/> Kindergarten Picnic
<input type="checkbox"/> Membership Drive
<input type="checkbox"/> Misc Organizational/Officer Expense
<input type="checkbox"/> Movie Night
<input type="checkbox"/> Parent Enrichment Night
<input type="checkbox"/> Popsicle Day Expense
<input type="checkbox"/> PTA State Convention
<input type="checkbox"/> Red Ribbon Week
<input type="checkbox"/> Reflections Contest

<input type="checkbox"/> Other (describe): _____ | <input type="checkbox"/> Sacramento Safari
<input type="checkbox"/> School Beautification Day
<input type="checkbox"/> School Dances
<input type="checkbox"/> Science Fair
<input type="checkbox"/> Science Night
<input type="checkbox"/> See's Candy Fundraiser Expense
<input type="checkbox"/> August Faculty Luncheon
<input type="checkbox"/> Sports Day
<input type="checkbox"/> Teacher Appreciation
<input type="checkbox"/> Teacher Supply Vouchers (please specify)
<input type="checkbox"/> Principal <input type="checkbox"/> Art Teacher
<input type="checkbox"/> Classroom # ____ <input type="checkbox"/> PE Teacher
<input type="checkbox"/> Speech Therapist <input type="checkbox"/> RSP
<input type="checkbox"/> Cotsen Coordinator <input type="checkbox"/> Intervention
<input type="checkbox"/> Counselor
<input type="checkbox"/> New Teacher or change of classroom
<input type="checkbox"/> Time Trackers
<input type="checkbox"/> Volunteer Appreciation
<input type="checkbox"/> Walk n' Rollers
<input type="checkbox"/> Welcome Coffee
<input type="checkbox"/> Yearbook |
|--|--|

Thank you,
 Liz Wada, PTA Treasurer
 530-559-5676 Cell
 lteaford@gmail.com

PTA Use Only	
Date _____	Approved By _____

Check #:	Amount of Check:	Date of Check:	Budget Amount/ Amount Spent to Date:	Budget Line Item: