CHE PTA Reimbursement Form

Date: _____

Committee: _____

Fill out information below and attach receipts for all line items.

Store/Place of Business:	**For:**	
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	Total Reimbursement:	$_____

Make Check Payable to: _____

This form to be completed for reimbursement of any committee expenses.
Return completed form to Treasurer. Thank you!

Date Paid: _____

Check Number: _____

Amount: _____