



GLEBE PTA REIMBURSEMENT/CHECK REQUEST FORM

Please Include Receipts/Invoices to Obtain Reimbursement

Staple or send all documentation with this form

Payee Name: _____	DATE: _____
Address: _____	Phone #: _____
Event/Activity: _____	Email: _____
	Event Date: _____

Vendor Name	Description	Amount
Total Amount Requested:		

Signature: _____

Please note that all submitted expenditures should be reviewed and approved by your committee chair prior to reimbursement. Please email GlebePTATreasurer@gmail.com with completed forms and copies of receipts or submit them at the Glebe Elementary School office.

Requests for reimbursement are due 30 days from expenditure. If you wish to donate to the PTA instead of receiving reimbursements, please provide all receipts/invoices and a note to explain what you are donating.

Reimbursement checks should be deposited/cashed within 90 days of issuance. If a check needs to be replaced a \$20 stop payment fee will be deducted from the original amount to cover bank fees.

Please remember that Glebe PTA is tax-exempt but this savings is only realized if you have the certification at time of purchase.