



everychild. one voice.®

OPE PTA Request for Reimbursement

Date _____

Payable to _____

Address _____

Phone Number _____

E-mail Address _____

Submitted By _____

Treasurer's Use Only	
Date Posted	_____
Account Posted	_____
Amount Paid	_____

Item Description	Who/What is this for?	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Signature of Person Requesting Check _____

PTA President or PTA Executive VP Approval _____

Distribution of Check

- put in treasurer's file (*see note below)
- mail to person requesting (**see note below)
- mail to vendor
- put in teacher's mailbox

Please complete the information above and attach receipts to this form. Place in the PTA box in the school office. Contact Andy with any questions- (805)550-4453 or opeptatreasurer@gmail.com

*You will be notified when the check is ready to be picked up in the PTA Treasurer's file in the office.

**Please include a self-addressed, stamped envelope if you would like your check mailed to you. Checks to outside vendors will be mailed by the treasurer unless you specify otherwise.