

**Sixth District PTA
Request for
Reimbursement**
Fill in all items in italics & include
any receipts

<i>Your Name:</i>	<i>Today's Date:</i>
<i>Amount Requested:</i> \$	<i>Email or Phone:</i>

Reason for Expenditure & any comments:

<p><i>Write check to (Name of person or company):</i></p> <p style="text-align: center;"><i>Address:</i></p> <p><i>Instructions (mail, bring to board meeting, etc)</i></p>	
---	--

Attach Receipt or Invoice!

Mail to: Treasurer, Sixth District PTA, 1290 Ridder Park Drive, M/C 214, San Jose, CA 95131

President's Signature	Secretary's Signature & Date Approved:
--------------------------	---

For PTA Treasurer: Approved by Membership/ExB	Date:
Category:	Check #
	Amount: \$