

TERRA LINDA PTC REQUEST FOR REIMBURSEMENT

For reimbursement please place this completed form, with receipts attached, in the PTC treasure's mailbox located in the schools main office. **Failure to fill out this form correctly will result in a delayed payment.**

TODAY'S DATE: _____

NAME (AS IT WILL APPEAR ON THE CHECK): _____

PHONE NUMBER: _____ EMAIL: _____

PTC BUDGET CATEGORY: _____

Please write the category as it appears in the PTC approved budget. Failure to do this will result in a delayed payment. If you are unsure of the category, a copy of the approved budget is located in the PTC treasure mail box. Please contact the event chairman or the treasurer at treasurer@terralindaPTC.org if you have any further questions.

ITEMS PURCHASED (Summary of items per receipt is OK)	COST
Receipt 1 _____	\$ _____
Receipt 2 _____	\$ _____
Receipt 3 _____	\$ _____
Receipt 4 _____	\$ _____
Receipt 5 _____	\$ _____
Total reimbursement amount requested:	\$ _____

ADDITIONAL INFORMATION/COMMENTS:

____ PLEASE SEND THE CHECK HOME WITH MY STUDENT

STUDENT NAME: _____

TEACHER/CLASSROOM: _____

____ OTHER FORM OF DELIVERY, PLEASE SPECIFY:

For PTC use:

Approved by: _____ Date: _____

Date Paid: _____ Check Number: _____