

REBA O. STECK PTA – EXPENSE REIMBURSEMENT FORM

Instructions: Please complete this form for reimbursement, payment, or cash. All original receipts and invoices must be taped to a separate sheet of paper and stapled to this form. Requests for reimbursement must be submitted **within 30 days** of incurring the expense. Receipts exceeding 30 days may be denied reimbursement. This form can be turned into your child’s teacher or placed in the Treasurer’s folder in the PTA room at Steck. Please contact the PTA Treasurer, Diana Hughes, at dhughescpa@gmail.com with any questions.

DATE: _____ PAYABLE TO: _____

YOUR CONTACT INFORMATION FOR QUESTIONS

PHONE: _____ EMAIL: _____

CHECK DELIVERY METHOD:

- SCHOOL MAIL—Child’s full name _____ Teacher’s name & grade _____
- Pick up at the Steck Office (You will be notified by email when you check is ready for pick-up)
- US MAIL Please provide a self-addressed stamped envelope

Reimbursement requested for:

Name of store on receipt	Budget category	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____
	Less sales tax paid	(_____)
	Check amount	_____

As a 501(c)(3) organization, Steck PTA is unable to reimburse tax*. Please use the Sales Tax Exemption Letter when making purchases.

*Sales tax can be reimbursed at Costco and Sam’s Club.

Tape all original receipts to a separate sheet of paper and submit with this form. If only a portion of the amount on the receipt is for the PTA, circle each item’s amount. Add up the total on that receipt and note it on the receipt.

FOR OFFICE USE ONLY

Approved by 1. _____ President
 2. _____ Treasurer
 3. _____ Co-president/ Vice President

Two signatures are required. You cannot approve your own purchase.

Check# _____ Check Date _____