CPM PTA Expense Reimbursement Form 2020-2021

Fill out the form (keep a	copy for your records) and	return to PTA Treasurer - Erica E	iliashevsky (917) 721-2981	
Date:				
Name:				
Phone #:				
Event Name			Event Date	
Event Name			Event Date	
	adsheet) of individual expe			
NOTE: Original receipts Date of Expense:	must be attached to receive Amount:	e reimbursement Explanation:		
	Amount.			
TOTAL				
	Make Check Payable	to:		
Address:				
*Request for ex	nenditure/ reimbursement	must be submitted to the PT	A Treasurer <u>within two weeks</u> al	fter the event
After two week	s, the expenditure will be	considered a donation to the P	TA and a receipt will be issued.	ter the event.
Treasurer Approval				Date approved
	President/ Vice President	: Approval:		Date approved
For Treasurer's Documer	itation			
Date:	PTA Check#:		Budget Line:	