

# HW Mountz Request for Reimbursement Form

Name \_\_\_\_\_

Phone or email: \_\_\_\_\_

Committee/ Expense Line Item: \_\_\_\_\_

Summary of items purchased:

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Total amount for reimbursement: \$\_\_\_\_\_

\*\* Please attach a copy of the receipt(s) for the Treasurer's records

\*\* Requests should be left in the PTA mailbox and should be labeled  
"PTA Treasurer - Reimbursement"

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PTA USE ONLY:

Name: \_\_\_\_\_ Check # \_\_\_\_\_

Amount: \_\_\_\_\_ Expense Line: \_\_\_\_\_