



Accompsett Middle School PTA Expense Reimbursement Form

Date: _____

Committee Name: _____

Submitted By: _____

Submitters Signature: _____

Make Check Payable To: _____
Send check to: (home, send home with child, pick up, etc.) _____

Date of Purchase	Item	Purpose	Amount
TOTAL REIMBURSEMENT			

FOR CLERICAL USE ONLY	
Approved: _____	
Check Number: _____	
Check Date: _____	
Delivery Date _____	Mailed: _____
	Dropped Off: _____
	Picked Up: _____