Grass Valley PTA
Reimbursement Form

Name: _____ Date: _____

Mailing Address: _____

Project/Event: _____

Signature _____

Please attach all receipts
Please Do Not use a Highlighter - Use a Ballpoint Pen and Circle

Description of Expenses/Attached Receipts:	Total
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Total Amount Requested:	$

For Treasurer's Use Only

Payee: _____ Date: _____

Check #: _____ Amount: _____

Was Check: _____ Delivered (By Whom)

_____ Mailed (Date Mailed)

Account Breakdown:

_____

_____

_____