PTA Check No. _____

Frost Middle School PTA

Request for Reimbursement
For PTA Expenses

(Receipts are required for ALL reimbursements. Please attach to this form.)
(Remember that you cannot be reimbursed for taxes paid.)

Date	Item	Amount

Total Requested _____

Requested by (Please print.): _____

Signature: _____ Date: _____

Paid by: _____ Date: _____