Reimbursement Request

South Mecklenburg HS PTSA

YOUR NAME:	PHONE: ( ) -
PROJECT/CATEGORY: Treasurer will complete:	
DATE SUBMITTED: / /	DATE MAILED: / /
REASON FOR REIMBURSEMENT:	
☐ INCLUDED IN ANNUAL BUDGET or	☐ APPROVED AT MEETING (DATE: / /)
CHECK PAYABLE TO:	AMOUNT: $
FULL ADDRESS: (Your check will be mailed to you.) *Reimbursement will be left in PTSA box at front office unless otherwise stated.	

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):	DATE: / /
APPROVED BY (PTO OFFICER):	DATE: / /

Receipts not received within 30 days of purchase will be considered a donation to SMHS PTSA.

For Treasurer's Use Only: Category _____ Check #_____ Date_____ Logged_____