



EXPENSE REIMBURSEMENT FORM

Mercer PTSA 6.15.433

Name:

Address:

City, State Zip:

PTSA Board use only

Fund:

Date paid:

Check No.:

Item	Date Purchased	Vendor/Source	Description of Items Purchased	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				\$0.00

Instructions:

1. Use this form when submitting miscellaneous receipts for reimbursement (not for vendors who submit an invoice).
2. Please submit reimbursement requests within 60 days of purchase.
3. Complete shaded areas, sign and date.
4. Make copies of the form and receipts for your records.
5. Attach original receipts to the back of this form.
6. Place the signed form and original receipts in the PTSA mailbox at the school.
7. Need help with this form? Contact the current PTSA Treasurer.

Print Name _____ Signature _____ Date _____

- Check if you would like your reimbursement check delivered to your mailbox at the school.
- Check if you would like your reimbursement check delivered to your home and provide your mailing address above.

Password: mercer