



YOUR NAME:	
SPECIFIC PURPOSE FOR PURCHASES: <b>SUPPLIES</b>	DATE SUBMITTED:
TOTAL AMOUNT AVAILABLE: <b>\$200</b>	TOTAL AMOUNT REQUESTED:
PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR REIMBURSEMENT:	
<input type="checkbox"/> Check <input type="checkbox"/> PayPal (Email: _____ )	

**Complete the following for your reimbursement:**

- ✓ **ALL STAFF REIMBURSEMENT REQUESTS ARE DUE BY APRIL 1ST!**
- ✓ Complete this form and place it in an envelope labeled "Staff Reimbursement" in the locked purple PTG Box
- ✓ **Receipts/Invoices totaling the reimbursement amount must be attached to this form.**
- ✓ Please note that tax is **unable** to be reimbursed — Blanket Tax-Exempt forms and a list of Tax-Exempt Vendors are located in the PTG cabinet in the office and on **sauderptg.com** for use prior to purchases.
- ✓ Contact the PTG Treasurer with any questions regarding reimbursement: **SAUDERPTG@GMAIL.COM**

VENDOR	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL REIMBURSEMENT AMOUNT:</b>	\$

**FOR TREASURER'S USE ONLY**

Category: \_\_\_\_\_ Date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Logged: \_\_\_\_\_