



SAUDER ELEMENTARY PTG | Reimbursement Request

YOUR NAME:	PHONE: () -
EMAIL ADDRESS:	
EVENT:	SPECIFIC PURPOSE FOR PURCHASES:
DATE SUBMITTED: / /	DATE NEEDED: / /

VENDOR:	AMOUNT:
VENDOR:	AMOUNT:
VENDOR:	AMOUNT:
VENDOR:	AMOUNT:
MAKE CHECK PAYABLE TO:	TOTAL AMOUNT:

➔
ALL REIMBURSEMENT REQUESTS ARE DUE WITHIN 14 DAYS OF EVENT
➔
RECEIPTS/INVOICES TOTALING THE REIMBURSEMENT AMOUNT MUST BE ATTACHED TO THIS FORM

APPROVED BY (EVENT CHAIRPERSON):	DATE: / /
APPROVED BY (PTG OFFICER - REQUIRED IF AMOUNT EXCEEDS \$500):	DATE: / /
APPROVED BY (PTG OFFICER - REQUIRED IF AMOUNT EXCEEDS \$500):	DATE: / /
APPROVED BY (PTG OFFICER - REQUIRED IF AMOUNT EXCEEDS \$500):	DATE: / /

Please indicate how you would like to receive the check:

- Mail Directly Home (Box Provided)
- PayPal (Provide Email Above)
- Leave in School Office
- Leave in PTG Box
- Sent Home with Your Child (Box Provided)

— Address:

{ Child's Name:
Teacher's Name:

NOTE:

~ Complete this Request for Reimbursement & place it in the purple PTG Box.

~ Contact the PTG Treasurer with any questions regarding reimbursement: **SAUDERPTG@GMAIL.COM**

FOR TREASURER'S USE ONLY

CATEGORY: _____ DATE: _____ / _____ / _____

CHECK NUMBER: _____ LOGGED: _____