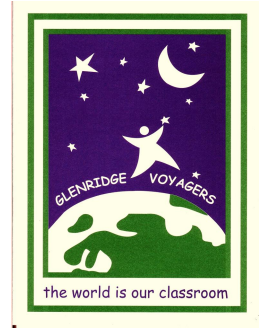


Glenridge Elementary PTSA
 Local Unit 9.7.77
 19405 – 120th AVE SE
 Kent, WA 98058



~ Expense Reimbursement Form ~

Date: _____

Please complete this form and it must include receipts. Thank You!

Committee/Event/Classroom: _____
 (Example: Fundraisers/Book Fair; Family Events/Dance Night, Classroom Support/Staff Request)

Submitted by: _____ **Signature:** _____ **Phone:** _____

Explanation for Reimbursement	Amount
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.

Total Reimbursement Amount: \$ _____

Payable to: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

~ Treasurer's Record ~

Check Date: ____ / ____ / ____ **Check Amount:** \$ _____ **Check Number:** _____

Payee: _____ **Treasurer's Signature:** _____

Expense Category: _____ **SubCategory:** _____