



Request for Reimbursement or Check

4415 North 38th St.
Tacoma, WA 98407
(253) 571-5488

Helping your vision become their future

DATE:	
NAME:	
PHONE:	EMAIL:
Requested Amount	Committee/Event:
Description of Items Purchased:	
Make Check Payable to:	
Mailing Address:	
Signature of person submitting request	

Please attach receipt(s) or invoices to this form and submit to the Treasurer or deliver to the PTSA LOCKED MAILBOX, located adjacent to the entry in the main office of Sherman Elementary School. You may use the same form for more than one receipt if all are for the same event or committee. If you have expenditures for more than one event/committee on one receipt, please copy the receipt, identify the expenses relevant to each event on each copy, and submit separate reimbursement forms.

Treasurer's Use Only

Date:_____ Approved (Y/N)_____ Check #_____

First Signer (print):_____

Second Signer (print):_____

Budget Category:_____