

## Teacher/Classroom Resource PTA Reimbursement

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Date receipt(s) & form submitted \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Description of item (s) purchased \_\_\_\_\_

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Amount of Reimbursement \$ \_\_\_\_\_

Please staple receipt(s) to form and place in the PTA box or in PTA Treasurer's folder.

**Questions:** [president@trespta.org](mailto:president@trespta.org) OR [treasurer@trespta.org](mailto:treasurer@trespta.org)