

# Syre PTA Reimbursement Form

\$\$\$ DON'T FORGET TO INCLUDE YOUR RECEIPTS! \$\$\$

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Check Payable to: \_\_\_\_\_

If amount exceeds approved budget, prior approval is always required. Please go to your Committee Chair or PTA Board to get approval before overspending. **Otherwise, you risk not being reimbursed the overage.**

Committee/Event purchased on behalf of: \_\_\_\_\_

Committee/Board point of contact: \_\_\_\_\_

Describe Specific Items Purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the address you want your check mailed to:

\_\_\_\_\_

\_\_\_\_\_

**Please mail or email this form and your receipts to:**

**Syre PTA Treasurer  
Amy Plotnik  
20216 12th Ave. NW  
Shoreline, WA 98177  
amy.plotnik@gmail.com**