

**Believe in the Child**



**Montessori Academy  
School #53 PTA**

**Reimbursement Request Form**

**Instructions:**

- This form must be submitted within 30 days of the expense to be considered for reimbursement. *Reimbursement requests received after June 15 will NOT be considered* due to the closing of the books for the year.
- Authorization signatures from 2 (two) current PTA officers are REQUIRED.
- Consider providing the vendor with the PTA's Sales Tax Exempt Purchase Certificate (form ST-119.1), which you can obtain from the school office or from the Treasurer. Doing so will reduce the expense by the amount of the sales tax.

<b>Date of Request</b>				__/__/____			
<b>Check Requester Info</b>	<b>Name</b>						
	<b>Address</b>						
	<b>Phone</b>		____-____-____				
<b>Check Information</b>	<b>Payable To</b>						
	<b>Date Needed By</b>		__/__/____				
	<b>Mailing Address</b>						
<b>Related PTA Events</b>	<b>Event Name / Budget Category</b>			<b>Date</b>		<b>Expense Amount</b>	
				__/__/____		\$	
				__/__/____		\$	
				__/__/____		\$	
<b>Receipts Information</b>	<b>Items on the Receipt</b>			<b>Receipt Number</b>		<b>Receipt amount</b>	
						\$	
						\$	
						\$	
						\$	
<b>Authorization Signature 1 (both are required, must not be the same as requester)</b>					__/__/____		
	<b>PTA Officer Name</b>		<b>Signature</b>		<b>Date</b>		
<b>Authorization Signature 2 (both are required, must not be the same as requester)</b>					__/__/____		
	<b>PTA Officer Name</b>		<b>Signature</b>		<b>Date</b>		
<b>FOR TREASURER USE ONLY</b>	<b>Form Receipt Date</b>		__/__/____				
	<b>Check Date</b>		__/__/____				
	<b>Check Number</b>		#				
	<b>Check Amount</b>		\$				
	<b>Treasurer Initials</b>						