## **Barnstable United Elementary School Parent Teacher Association**

## Reimbursement Request Form

Funds have been spent, please reimburse for the following expense:

Name:	Da	ate of Request:	
	(This request will take	ate of Request: approximately one week to process.)	
Amount Requeste	d: \$		
Make Check Paya	ble to:		
Fundraiser? Yes/1	No If yes, please name		
All fundraising reimbut to submit this expense f		d by the Chairperson prior to the purchase	e and the Chairperson needs
=		/	
1	Print name please	Signature	
Purpose of Expen	liture:		
Is this amount to l	e divided between a team	m or pod?	
pod or team, and l	now the funds are to be di	he names and room numbers of ivided:	
Checks will not be original invoices of the Upon approval, how	e issued without this form or receipts.	m and supporting documentation or check? Pick-up? Yes / No	
<u> </u>			
For Office Use Only Approved: Check One Yes	roved by: Check Number: Notes:	: (If not approved, use this area to explain reasoning)	
No Init	als/Date		