

Cornell Elementary School PTA
Reimbursement Request



Date: _____ Amount Requested: _____

Your name: _____

Check payable to: _____

Check one: I will pick up check in office.

Mail check to me at the below address.

Mail check to vendor at the below address.

Please list all receipts/expenditures included in this request.

Approved

Denied because _____

Date Paid _____ Check No. _____