ROBERT SEAMAN PTA EXPENSE REIMBURSEMENT FORM

Name:		Today's Date:	
Address:			
Email:			
Phone:			
NOTE: ALL REIMBU	JRSEMENT CHECKS WILL BE MAILED	TO THE ADDRESS ABOVE.	
DATE OF PURCHASE	DESCRIPTION/COMMITTEE/FUNDRAISER	ITEMS/SERVICE PURCHASED	TOTAL AMOUNT
		SUBTOTAL	
		LESS ADVANCES	
		TOTAL	
**ALL RECEIPTS MU	ST BE ATTACHED		
**PLACE IN AN ENV	ELOPE IN THE PTA MAILBOX (ATTN: TR	REASURER)	
PLEASE HAND	IN YOUR RECEIPTS ASAP TO	HELP KEEP BOOKS BA	ALANCED.
	THIS SECTION FOR AUDITIN	IG PURPOSES	
CHECK#			
DATE PAID			
TREASURER SIGNAT	TURE		

CO-PRES. SIGNATURE