

Carderock Springs Elementary School PTA
EXPENSE REQUEST/REIMBURSEMENT FORM
2017-2018

Date: _____

Parent/Staff Name: _____

Telephone: _____

Amount of Reimbursement/Invoice: \$ _____

Check Payable to: _____

Description of Item(s)/Service(s) Purchased: _____

Committee to be Charged: _____

Date Check is Needed: _____

Your Home Mailing
Address: _____

Your Signature: _____

PLEASE ATTACH ALL RECEIPTS AND FORMS RELATED TO THIS EXPENSE AND FORWARD TO:

Clara Obermeier
PTA Treasurer
8305 Still Spring Ct
Bethesda, MD 20817

You are welcome to contact me with any questions at clarax98@hotmail.com

Check #:	_____
Amount:	_____
Date:	_____