**Carderock Springs Elementary School PTA**

EXPENSE REQUEST/REIMBURSEMENT FORM

2022-2023

|  |  |
| --- | --- |
| **Date:**  |  |
| **Parent/Staff Name:** |  |
| **Telephone:**  |  |

***Check One:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reimbursement Request** |  |  | **Invoice Payment Request** |

|  |  |
| --- | --- |
| **Check Amount:**  |  |
| **Check Payable To:**  |  |
| **Date Check is Needed:**  |  |
| **Check Mailing Address:**  |  |
| **Description of Items/ Service(s) Purchased:** |  |
| **PTA Committee** **to be Charged:**  |  |
| **Signature:**  |  |

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

***PTA USE ONLY:***

|  |  |
| --- | --- |
|  Check #: |   |
| Amount: |   |
| Date: |   |

**Questions?** Email **PTA Treasurer** at

 csespta@gmail.com