

**REIMBURSEMENT REQUEST  
PARLEY'S PARK PTA**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

*\*\*Please itemize expenses according to the program or event.*

PROGRAM/EVENT	ITEM	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Total: \_\_\_\_\_

Please allow 10 days for reimbursement once the treasurer has been notified. All receipts must be submitted on or before the last day of school, June 4th, 2015. Thank you!

**All RECEIPTS MUST BE ATTACHED TO THIS REQUEST**

Mike Doleac, PPES PTA Treasurer  
[msd51@mac.com](mailto:msd51@mac.com)  
801-879-5051

DATE PAID: \_\_\_\_\_

CHECK #: \_\_\_\_\_