

# SPRINGMAN/ATTEA PTA REIMBURSEMENT FORM

## CHECK REQUESTED BY:

Name: \_\_\_\_\_

PTA position: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of request: \_\_\_\_\_

## CHECK PAYABLE TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Date check required: \_\_\_\_\_

Purpose/description of items/services purchased and Budget line item (if known):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

**PLEASE PROVIDE ACTUAL RECEIPTS FOR ALL PURCHASES**

**DROP OFF AT ATTEA OR SPRINGMAN FRONT OFFICE OR AT THE HOME OF:**

Pam Paradies - Treasurer  
908 Tamer Lane

Please email Pam and let her know you have dropped off a form at the school.

[pgparadies@gmail.com](mailto:pgparadies@gmail.com)