

**Saint James Elementary School
30 Peters Place
Red Bank, NJ 07701**

PTA Expense Reimbursement Form

Person Making Request: _____ Date: _____

PTA Committee: _____ Date of Event: _____

Please describe and itemize the expenses:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount Requested: _____

Please attach all ***original*** receipts or invoices to the back of this form. Receipts, bills and invoices received without this form will be returned to sender, as will form received without receipts, etc. attached.

Check should be made payable to:

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number (If available): _____

Please forward completed form with receipts to PTA Treasurer via school office mailbox.

Payment Approval: For Treasurer's use only (Budget Year 2017-2018)

Treasurer _____ Date Request Received _____

Principal _____

Account _____ Check # _____ Exp Code 9004