

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

**PTA Expense Reimbursement Form**

**Budget Year** \_\_\_\_\_ - \_\_\_\_\_

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.*

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*Payment Approval: For Treasurer's use only*

Treasurer \_\_\_\_\_ Date Request Received \_\_\_\_\_

Principal \_\_\_\_\_

Account PTA \_\_\_\_\_ Check # \_\_\_\_\_ Exp Code 9004 \_\_\_\_\_