

PTG Expense Reimbursement Form

Your name _____

Your phone number _____

Fundraiser/ Activity _____

Make check payable to: _____

Amount \$ _____ Date _____

Your reimbursement check will be sent home in an envelope with your child unless you indicate otherwise in the comments section.

Child's Name _____

Homeroom _____

If there is more than one payee, please list all names and amounts on the back of this form.

If this is a request for the payment of an invoice, it will be paid and mailed directly by the PTG treasurer unless you indicate otherwise in the comments section below.

Comments

Please enclose this form and all receipts/invoices in an envelope marked: Christine Daeschner- PTG Treasurer. Place the envelope in the PTG mailbox located inside of the school office. Thank you.