

BAS PTA Reimbursement Form

Date of Expense: _____

Committee/Event: _____
(if event is class specific, please indicate class name/grade)

Expense Description: _____
(please attach all relevant receipts *)

Total Amount of Reimbursement Request: _____

Date submitted: _____

Make Check Payable to: _____

Your Signature: _____ Date: _____

Your contact info if any questions:

Phone #: _____

Email: _____

Your child's name/ class: _____
(for delivery of reimbursement check via their daily communication folder)

* The PTA is a non-profit organization. Before you make a purchase, please obtain a Tax Exempt Form located in the PTA mailbox in the BAS office.



For PTA Treasurer use:

Check Number: _____ Date: _____

Approval for unbudgeted items (if applicable): _____