Athens-Chilesburg PTA
Expense Reimbursement Form

Thank you for your hard work and support of ACE and the PTA!!

Items Purchased:	Amount Spent
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Reimbursement Total	$ _____

Reason for Purchase: _____

I do declare this purchase to be for the complete and whole use of the Athens-Chilesburg PTA or related PTA function.

Reimbursement Requested by: _____
(Signature Required)

Reimbursement Approved by: _____ _____
(PTA President) (PTA Treasurer)

Date of Reimbursement: _____/_____/_____ Check # _____

Reimbursement Check Written To: _____

Should we need to contact you about this form, please provide a day and/or evening telephone number
Phone (day) _____ *Phone (evening)* _____

Please attach all receipts for items purchased directly to this form. Receipts should be submitted for reimbursement within 30 days of purchase to Billie Hickey, PTA Treasurer. Reimbursement checks will be written within 30 days of approval.

If you have any questions or concerns about purchases made or reimbursement requirements, contact Billie Hickey at 263-3076 or bbhickey@windstream.net

ACE PTA Use Only:
Date Reimbursement Form Received _____/_____/_____
Receipts Attached (yes) _____
(no) _____ *[need additional documentation before proceeding]*