

**Rockburn Elementary School PTA, Inc.**  
**(Rockburn PTA)**

Reimbursement Request Form

*(Do not use this form for payments directly to the vendors – see Disbursement Form)*

**Submit To:** ROCKBURN PTA PRESIDENT OR TREASURER

**Date Submitted:** \_\_\_\_\_ **Budget Year:** 2023-2024

**Reimbursement Payable To:** \_\_\_\_\_

**Payee Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Total Reimbursement Amount:** \$ \_\_\_\_\_

**Budget Account/Line Item:** \_\_\_\_\_

**Explanation of Expenses: (attach original receipts)**

*{Note: Please be sure to clearly mark receipts by circling items (avoid using a highlighter) for PTA expenses to be reimbursed. Also, if submitting multiple receipts, attach an itemized list of receipts and total costs from each receipt – including sales tax paid, if applicable.}*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Payee certifies that this request for reimbursement is for actual costs incurred by the payee for expenses covered under the approved Rockburn PTA budget and/or authorized by the Board of Directors in support of the goals and objectives of the PTA.

\_\_\_\_\_  
**Payee Signature**

Reimbursement Delivery Instructions:

- Send home with child - name/teacher/grade: \_\_\_\_\_
  
- Mail to address: \_\_\_\_\_

-----  
**Approval:**

\_\_\_\_\_  
Rockburn PTA President or designee (if not payee listed above)

-----  
Paid by check # \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer's initials \_\_\_\_\_