

**PARKWAY ELEMENTARY SCHOOL PTA**

**REQUEST FOR REIMBURSEMENT**

DATE: \_\_\_\_\_

TO: PTA Treasurer - (Please leave in PTA box or mail to)

*Sol Soto*  
*9 Autumn Drive Plainview, NY 11803*  
*516-833-6498*

From: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: If you want the check to go home in the backpack only:

\_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Amount of reimbursement: \$\_\_\_\_\_

Explanation of Expense:

Approved by: \_\_\_\_\_

PLEASE ATTACH ALL RECEIPTS. THANK YOU.

For Treasurer's Use:

Amount Paid: \$\_\_\_\_\_

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Category: \_\_\_\_\_