

**Laytonsville Elementary School PTA, Inc.  
2022 – 2023 Reimbursement/Check Request Form**

Date of Request: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Budge Item/Event	Description of Expense	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Reimbursement Amount</b>		<b>\$</b>

**How would you like to receive payment? Select one:**

Sent home with my child. Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Mailed to the address listed above.

1. Receipts must accompany this request form; **no** check will be issued without receipts.
2. Submit completed form with attached receipts in PTA Treasurer’s mailbox, or email to: les.pta.treasurer20882@gmail.com.
3. Request should be submitted within two (2) weeks following the conclusion of the event and no later than June 20<sup>th</sup>.



Treasurer’s Use Only:

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

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