

**Laytonsville Elementary School PTA, Inc.**  
**2022-2023 Reimbursement Request Form**

Date Requesting: \_\_\_\_\_ Event Name: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Invoice or contract need to be mailed? Yes or No ( If yes, attach document to request)

Payable to: \_\_\_\_\_ Phone # : \_\_\_\_\_

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

( Checks will be mailed to the listed address above)

Detail of Expenses

Description	Amount

- 1) This form must be used for all PTA reimbursement with all receipts (original or copy) **NO** check will be issued without receipts.
- 2) In the section "Event Name" indicate the PTA budget line to which the expense should be charged.
- 3) All checks will be mailed out to the address entered on this form. Teacher's checks will be replaced in their school mailbox.
- 4) Please scan and email receipts to: les.pta.treasurer20882@gmail.com. You may also leave completed forms with attached receipts in the PTA Treasurer's mailbox.

PLEASE REMEMBER TO ATTACH RECEIPTS!