

Expense Report Reimbursement Request

D.S. Freeman PTSA



Please complete form and submit to treasurer

**Submitters Name:** \_\_\_\_\_

(print name as check should be written to)

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

**Committee/office held:** \_\_\_\_\_

**Submitters Signature:** \_\_\_\_\_

Date of Receipt	Expense Description	Amount	Check here if receipt included

Total Submitted for Reimbursement Consideration:      \$ \_\_\_\_\_

**Paid by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Administration use only: Date Paid: _____ Check #: _____
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