Grant Wood PTA
Reimbursement Request/Approval of Expenditures

Date of Request:_____ Amt Requested: $_____

Requested By:_____

Reason:_____

_____

All receipts attached ? ☐ YES **(*required for reimbursement)** ☐ NO

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The above expenditure was approved by:

☐ Adoption of Budget – Category:_____

☐ Board/Executive Committee – Date:_____

Amount Paid: $_____ Check #:_____

Date :_____ By:_____