



Galileo STEM Academy PTA

Reimbursement Request

To: Galileo PTA Treasurer *(Please place in PTA Treasurer's Folder in the blue PTA Box in Elementary Lounge.)*

From: _____
(Person requesting reimbursement—Printed Name)

Please issue a Galileo PTA check for reimbursement of expenses incurred on behalf of the PTA, as follows:

Amount: \$ _____

Date Expense Incurred: _____

Date Reimbursement Request: _____

Purpose of Expense: _____

Committee: _____

Make Check Payable To: _____
Name

Mailing Address: _____
Street Address

City, State, ZIP

Phone: _____

Standing Committee Member:

Executive Committee Officer:

Printed Name

Printed Name

Signature

Signature

Please Note: All requests must have receipts attached. Reimbursement checks will be mailed directly to recipient at address listed.



Date Processed: _____

Check Number: _____