



Parkwood PTA

Reimbursement Request

Please attach receipts or invoices to this form and place in the PTA box located in the school office.

Date Submitted: _____

Date Needed: _____

Purpose: _____

Committee: _____

Amount Requested: _____

Requested By: _____

Phone No.: _____

Address: _____

Signature _____

For PTA's Use Only	
Date Received:	_____
Reimbursement Made to:	_____
Check Number	_____
Check Amount	_____
Budget Item	_____
Approved By	_____

Attach receipts here	
Please Itemize Receipts	
Place:	_____
Cost:	_____
Budget Item*:	_____
Place:	_____
Cost:	_____
Budget Item:	_____
Place:	_____
Cost:	_____
Budget Item:	_____
Place:	_____
Cost:	_____
Budget Item:	_____
Place:	_____
Cost:	_____
Budget Item:	_____

Please note that if there are no receipts attached, there can be no reimbursement.

***Only include Budget Item if known**

Parkwood Elementary PTA · 1815 North 155th St · Shoreline, WA 98133