Request for Reimbursement

South Carolina PTA
everychild.onevoice.

PLEASE ATTACH ALL RECEIPTS FOR PAYMENT REQUESTED

Date Submitted:	Pay to the Order of:

Receipt Information

Receipt Date	Store	Amount	Budget Line	Items Purchased
	Total:	$		

Signature of Submitter:

I certify that all purchases listed above were for the benefit/use of the PTA and were not for personal use.

For Treasurer's Use:

Date Paid:		Check #:	Amount Paid:

Signature of Treasurer (or other Officer)	Signature of President (or other Officer)