



Reimbursement Request Form

Requestor's Information:

Request Date: _____ Phone Number: _____
 Name: _____ Email Address: _____

Event : _____

ITEMIZED EXPENSE LIST	AMOUNT
TOTAL	

Please use back of form to continue itemized expense list.

MAKE CHECK PAYABLE TO:

NAME _____
 ADDRESS _____

Chairperson or PTA Executive Board Member Approval:

Name: _____ Signature: _____

Please Note: All requests must include original or copy of all receipts and a Chairperson or PTA Executive Board Member Signature in order to be processed for payment. Please be advised that in order to ensure compliance with NJ PTA guidelines, we ask that all requests for reimbursement be submitted immediately after the event and that all checks payable to individuals are cashed as soon as possible.

Please send your completed form and all necessary documentation to OCIS/OCPS Main Office
 Attention: PTA Treasurer, Sandra (Heng) Han or in an agreed upon alternate location.

Note: All Reimbursement Request Forms will be processed within two weeks. If you have any questions, please contact Sandra (Heng) Han, PTA Treasurer, at hansandrak@gmail.com.

Check Issue Date: _____ Check # _____ Check Amount::: _____

Treasurer Signature: _____ Co-Signer: _____