

## **Reimbursement Request Form**

Requestor's Information:	Dhana Neuchan	
	Phone Number: Email Address:	
Name:	Email Address:	
Event :		
ITEMIZED	EXPENSE LIST	AMOUNT
	TOTAL	
Please use back of form to continue itemized expense list.		
ADDDECC		
Chairperson or PTA Executive Board Mem	ber Approval:	
Name:	Signature:	
Member Signature in order to be processe	ginal or copy of all receipts and a Chairperson or ed for payment. Please be advised that in order t or reimbursement be submitted immediately afte	o ensure compliance with NJ
checks payable to individuals are cashed a	as soon as possible. necessary documentation to OCIS/OCPS Main Of	fico
·	Han or in an agreed upon alternate location.	nec
Note: All Reimbursement Request Forms (Sandra (Heng) Han, PTA Treasurer, at han	will be processed within two weeks. If you have a sandrak@gmail.com.	any questions, please contact
Check Issue Date: Chec	ck # Check Amount::	
Treasurer Signature:	Co-Signer:	