



BELLEVUE PTSA COUNCIL

Request for Reimbursement

EXPENSE DETAILS:

Date Spent	Name of Event / Description of Expenditures	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expenditures Submitted:		_____

Please attach receipts or invoices to this form and submit to treasurer. Thank you for volunteering!

Signature of Person Submitting Expense

Signature of Committee Chair or Board Member

Committee Budget Name

Date Submitted

Make Check Payable to (please print)

Address if to be mailed (and not on invoice)

For Treasurer's use only

Check #: _____

Amount: _____

Date Paid: _____

Account #: _____

Method of delivery: _____