

Harrington PTA Reimbursement & Vendor Payment

(Expense reports must be approved by a member of PTA Executive Committee before submitting to the PTA Treasurer)

Today's Date: _____

Requested By: _____

Phone Number: _____

Event & Date: _____

5th Grade Graduation? (Y/N) _____

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REIMBURSEMENTS

***Please attach receipts to this form

Date of Event	Vendor	Category	Amount Cash	Amount Check

Your Name: _____

Your Address: _____

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VENDOR PAYMENTS

***Please attach bills to this form

Date of Event	Vendor	Category	Amount

Vendor Name: _____

Vendor Address: _____

PTA Executive Board Member Signature: _____

*** Must complete or reimbursement will not be processed