



Parent Teacher Association / Asociación de Padres y Maestros
Alvarado Elementary School

PTA FUNDS -- REIMBURSEMENT FORM

Date: _____

Requested By: _____

Make Check Payable To: _____

Address: _____

Amount: _____

Should this expense be paid with Restricted Funds? _____

If so, which account? _____

PTA Budget Line Item(s) or Fund:
(Example: Science Fund, Auction, PTA Meeting, etc. If from a classroom account put "class account" with room number)

Budget Item	Amount
_____	_____
_____	_____
_____	_____

Receipts must be attached. If not, please explain.

How can we contact you if we need more information?

Any Comments? _____

Checks are usually processed within 10 days or less. Please pick up your check from the School Secretary, or provide a self-addressed envelope.

Thank you for supporting Alvarado's children!

PTA Use Only:

Approved by PTA President: _____

Approved by PTA Secretary: _____

Committee Chair/Program Coordinator: _____

Approval of Use of Restricted Funds: _____