

**Candlewood Elementary School PTA
Request for Reimbursement/Payment
2009-2010**

Date: _____

Requested by: _____

Please print

Requests from staff must be approved by Dr. Sheppard: _____

Phone Number: _____

Email: _____

Make Check Payable to: _____

Amount: \$ _____

Reason for reimbursement/payment:

Itemize expenses below and attach original receipts:

Special instructions/comments:

Do you wish to receive check in your school mailbox? Y N

If no, please attached self addressed, stamped envelope with this form.

**Submit to PTA Treasurer's mailbox.
Please allow 2 weeks for reimbursement check.**

<p>For Treasurer Use:</p> <p>Charge to account: _____</p> <p>Check no.: _____ Date: _____</p> <p>Signatures:</p> <p>_____</p>
