PTG Event Reimbursement Form

Name: Phone Number:

Name of Event:

Date of Event: Approved Budget:

Committee Chairperson(s) responsible:

All Receipts MUST be included in order to be reimbursed. Please note that if requesting reimbursement for more than the approved budget some items may not be eligible for reimbursement.

Description of Expenses	Date	Amount requesting reimbursement

Total Expenses Requesting Reimbursement: _____

Submitted By: _____ Date: _____

Approving Signatures: _____

PTG Liaison

For Official Use Only:

Date Submitted	Amount Approved for Reimbursement	PTG Treasurer Signature	Expense Code	Check No and Issue Date

Return completed Reimbursement Form to any PTG Leadership Council Member or drop off in PTG mailbox at school office.