

# Thoreau School PTG



## Reimbursement Form

Date Submitted:

Your Name:

Phone:

*Please list each item for reimbursement, affiliated committee/event, and amount. If you have more than 6 items, please include a separate sheet itemizing your total reimbursement.*

List Item for Reimbursement:

Affiliated Committee/Event:

Amount:

Total Amount for Reimbursement:

**Check One of the Following Boxes:**

Included in Annual Budget

Approved Funding Request

Teacher Stipend

Make Check Payable To:

Full Address (Your Check Will Be Mailed To You):

***Receipt(s) Totaling the Amount of Reimbursement Must Be Attached.***

***Please submit this form along with receipts to the PTG mailbox in the Main Office or [thoreauschoolptgtreasurer@gmail.com](mailto:thoreauschoolptgtreasurer@gmail.com).***

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**For Treasurer's Use Only:**

Category:

Check #:

Date:

Logged: