

St. Teresa of Avila PTG

PTG Reimbursement Request

2021-2022

Date: ____/____/____

Name: _____

Email: _____ Mobile #: _____ - _____ - _____

Event Name or Item Purpose: _____

Amount Requested	\$ _____ . _____
Return Receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check Delivery:

<input type="checkbox"/>	School (care of your child) Student Name: _____ Grade: _____
<input type="checkbox"/>	Mail *please provide a self-addressed, stamped envelope
<input type="checkbox"/>	Other: _____ _____

Submit completed form and receipts via envelope addressed "Attn: PTG Treasurer".

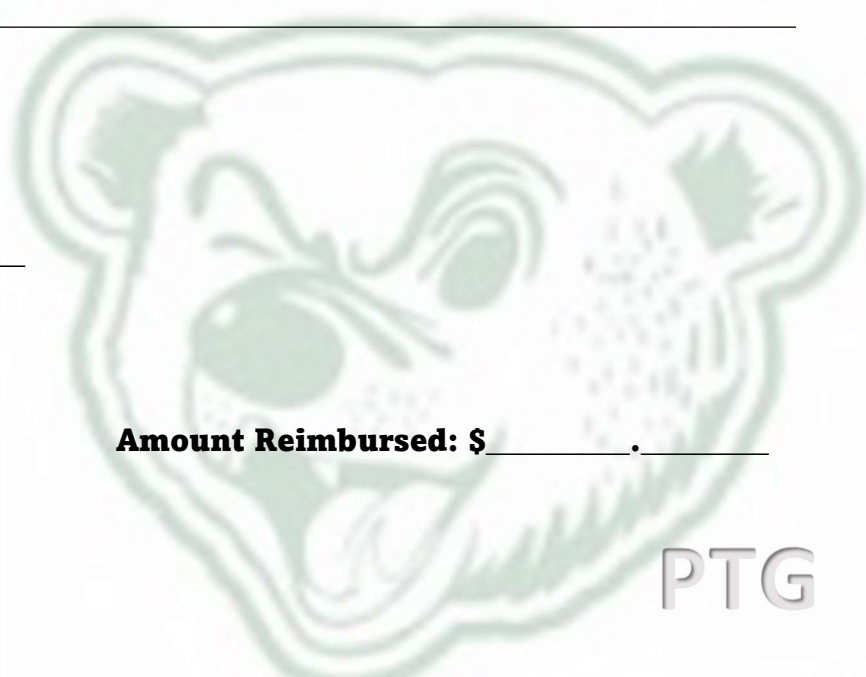
NOTE: PTG asks that receipts be turned in within 30 days of event or item purchase.

Treasurer Use only

Date Received: ____/____/____

Date Paid: ____/____/____

Amount Reimbursed: \$ _____ . _____



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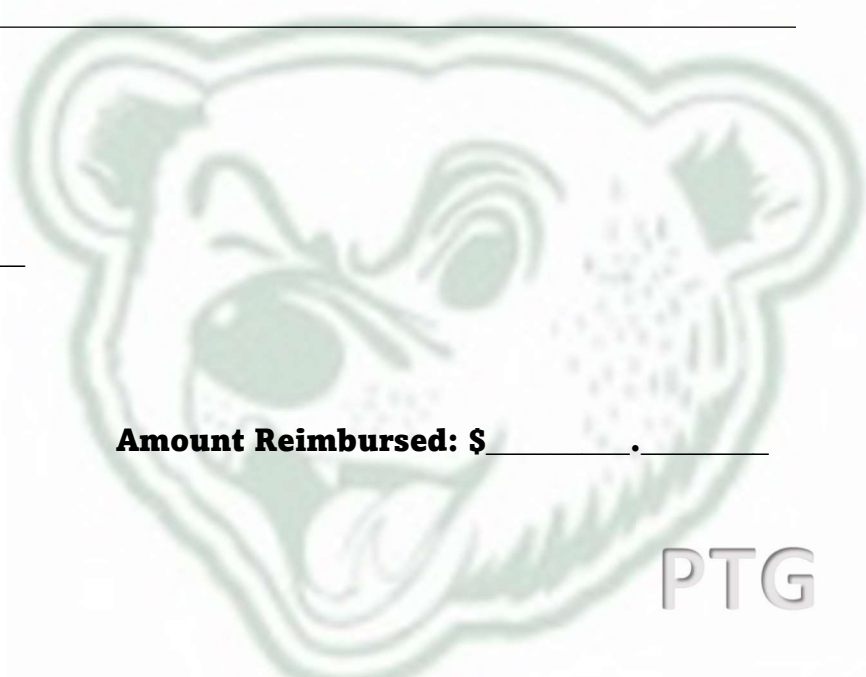
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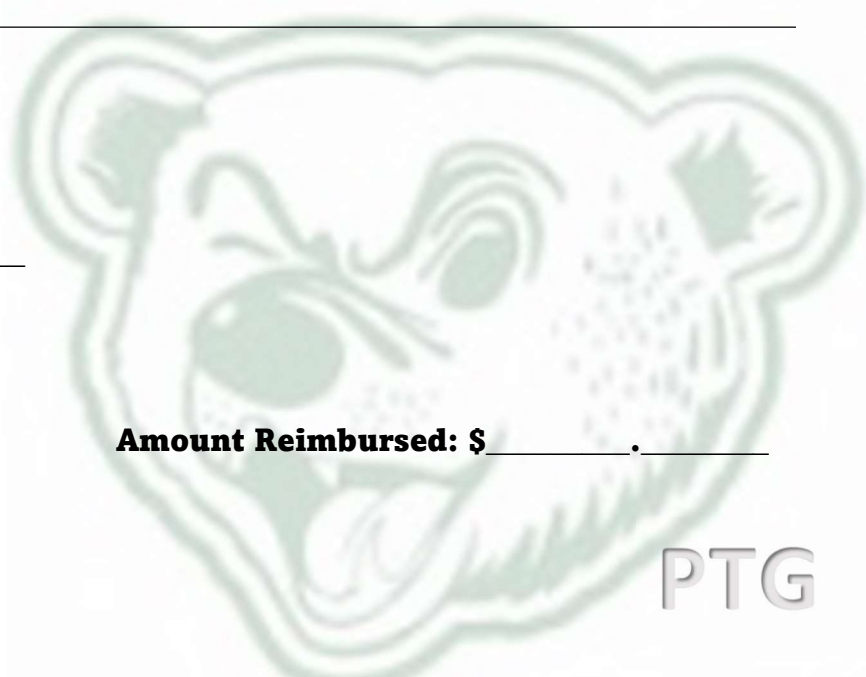
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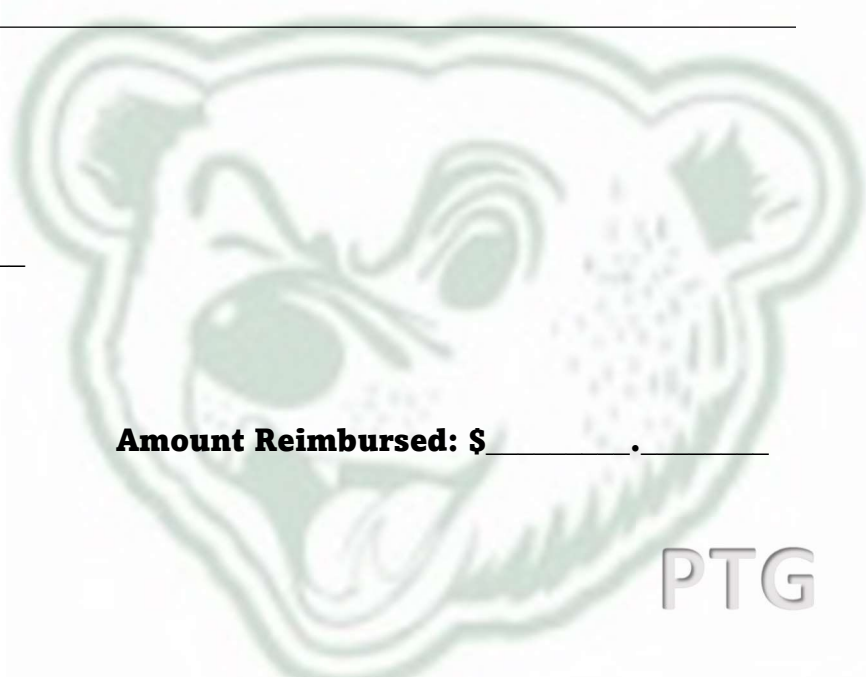
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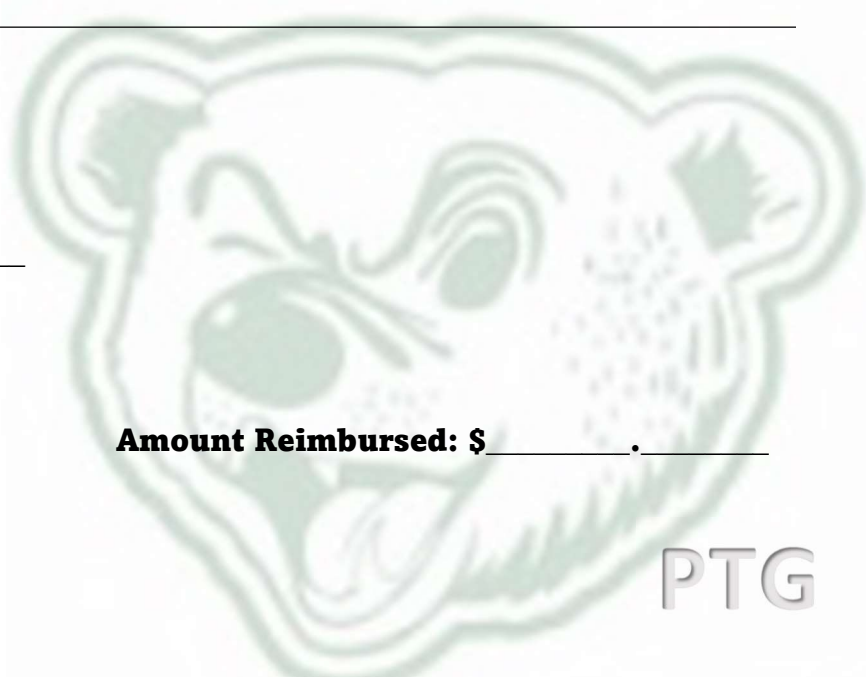
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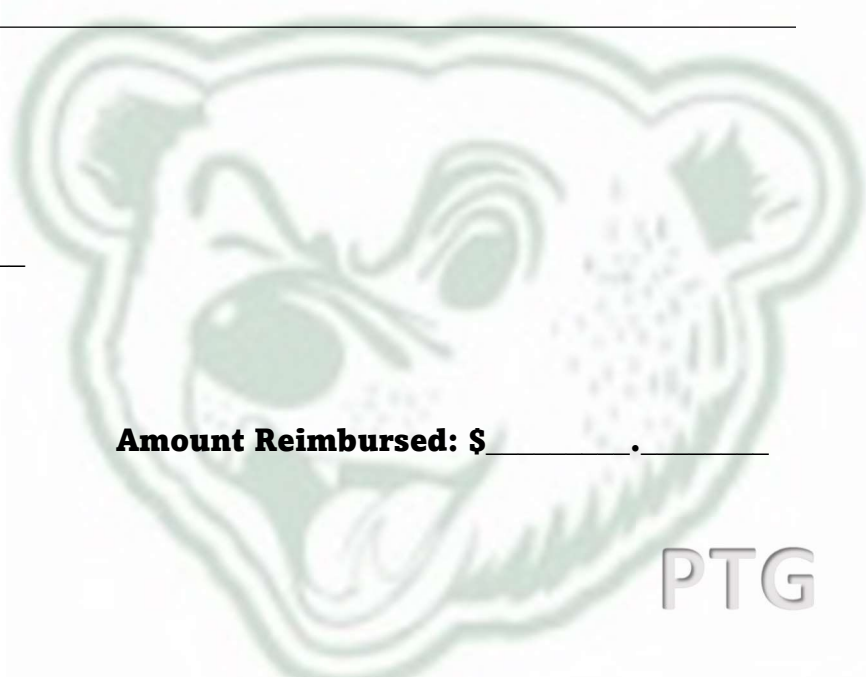
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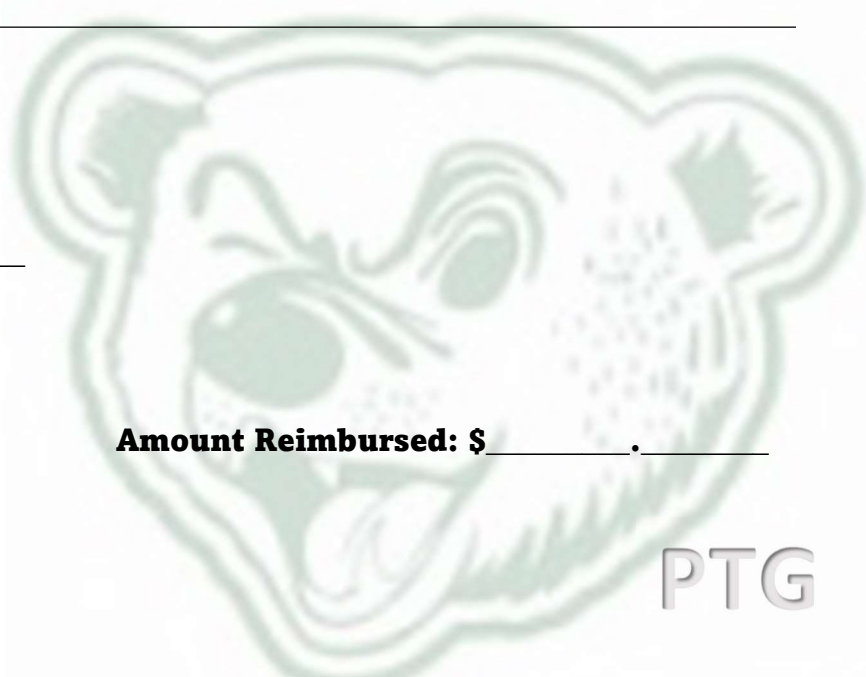
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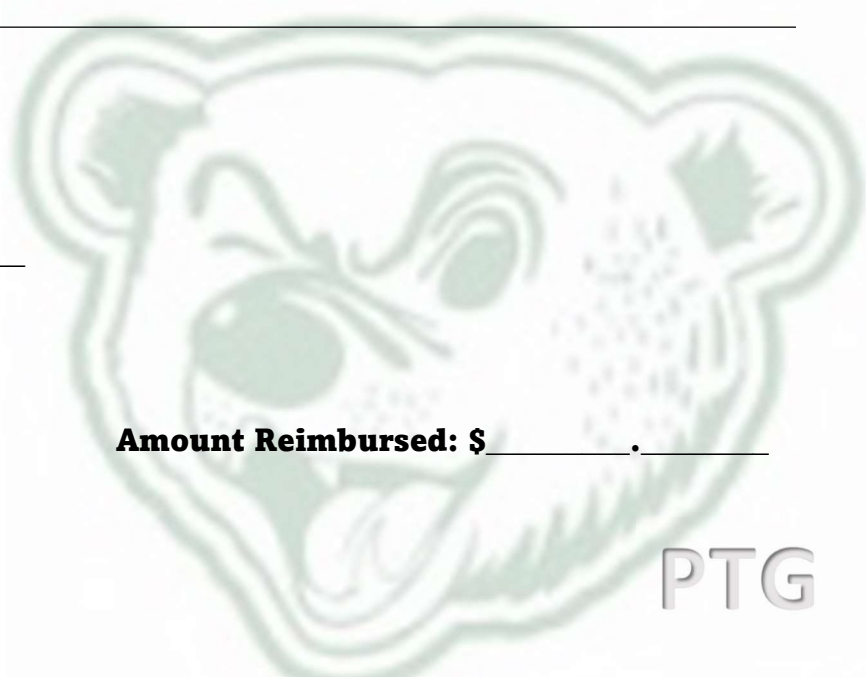
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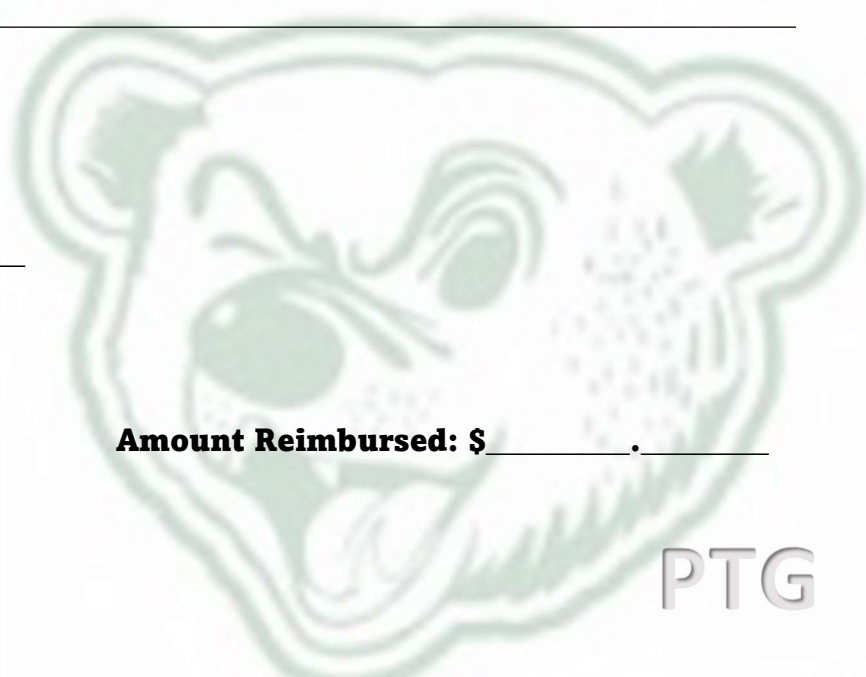
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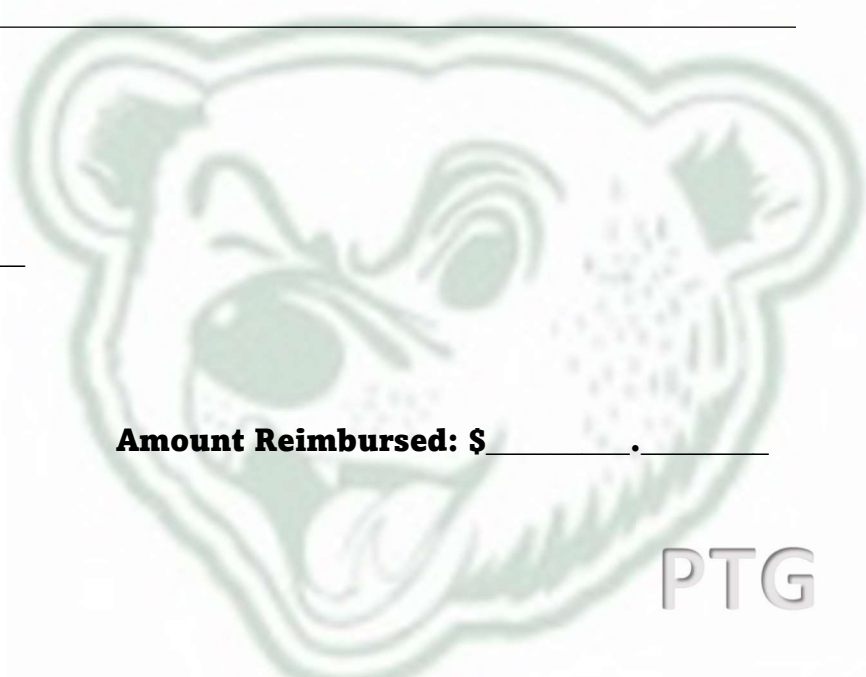
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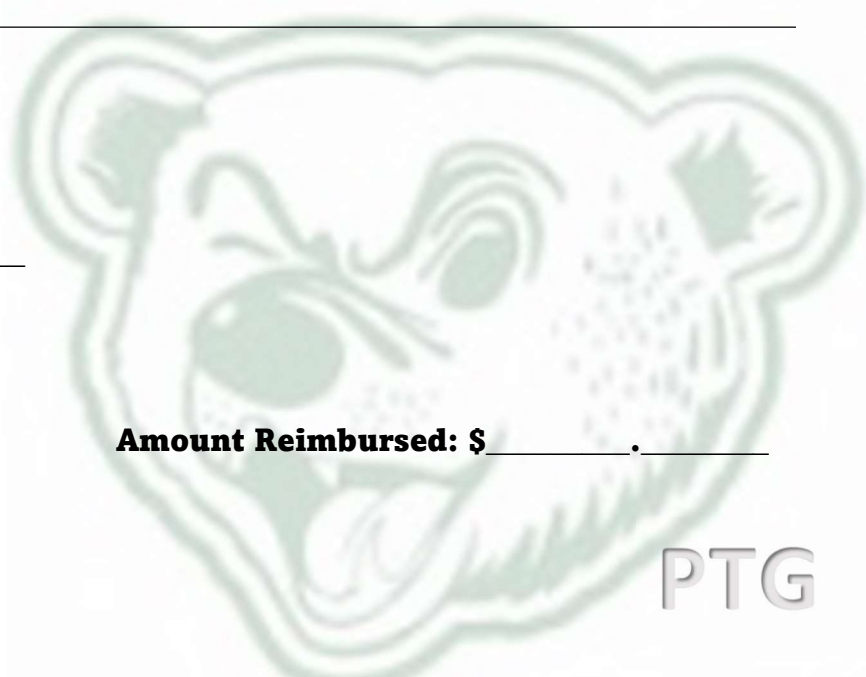
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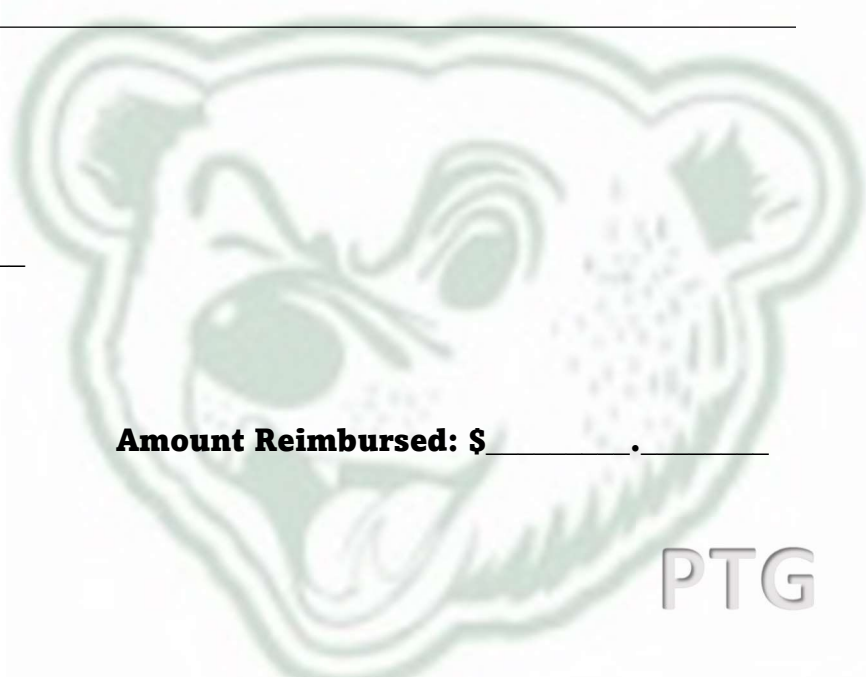
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