



**PTG Reimbursement Form**  
 (for **CLASSROOM** Expenses)  
**\$125 per Teacher**

<b>Name:</b>	_____	<b>Today's Date:</b>	_____
<b>Grade:</b>	_____		

<b>Amount Requesting for Reimbursement:</b> (please include receipts or copies)	\$ _____	
<b>Return Receipts?</b> (please circle)	<b>YES</b>	<b>NO</b>

**Instructions:** Submit completed form and receipts via the PTG mailbox in school office. Label envelope with "Attn: PTG Treasurer / Re: Classroom Reimbursement." Reimbursement checks will be returned via school office, within 7 business days.

**Note:** PTG asks that receipts be turned in within 90 days of purchase. Final date to submit for this school year May 1, 2020.

*~ For Treasurer Use only ~*



**~ PTG RECEIPT ~**  
**Classroom Reimbursement**

<b>Date Received:</b>	_____	<b>Amount Reimbursed:</b>	\$ _____
<b>Date Paid:</b>	_____	<b>Amount Remaining:</b>	\$ _____