



PTG Reimbursement Form
 (for EVENT Expenses or Other Items)

Contact and Event Info:

Name:	_____	Today's Date:	_____
Email:	_____	Mobile #: (for texting)	_____
Event or Item:	_____	Event Date:	_____

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.

Amount Requested: (please include receipts or copies)	\$ _____	
Return Receipts? (please circle)	YES	NO
How To Deliver Check? (please check)	SCHOOL, care of your student (list name & grade below)	
	MAIL via USPS (pls provide self-addressed, stamped envelope)	
	OTHER (use back of form to explain)	

~ For Treasurer Use only ~



~ PTG RECEIPT ~
Classroom Reimbursement

Date Received:	_____	Amount Reimbursed:	\$ _____
Comment:	_____		