

# Brier Elementary PTA Request for Reimbursement

Please staple your receipt or invoice to this form. FORMS TURNED IN WITHOUT RECEIPT OR INVOICE CANNOT BE PROCESSED. Please answer all questions and leave a phone number to reach you if needed. Please allow (1) One-Week for reimbursement/check; if reimbursement/check is needed sooner than that, please fill out form as normal and contact Treasurer (Name/Number below) to make arrangements. Do not leave in Treasurer's Box if time is of the essence!! Please review entire form, as some changes have been made. Thank you very much for your time!! GO BOBCATS!!!

Please check the appropriate box below:

Cash Box Monies     Direct Reimbursement     Bill /Invoice to be paid

Date of Request: \_\_\_\_\_ Date Check/Monies Needed: \_\_\_\_\_

Activity/Program: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Requested By/Phone Number: \_\_\_\_\_

Any Comments?: \_\_\_\_\_

Your Signature: \_\_\_\_\_

How would you like this handled?:

Put it in my box     Call me     Mail it to: \_\_\_\_\_

Questions or special directions? Please call Margo Wigington at (425) 712-8726 or email [margo.wiging19@frontier.com](mailto:margo.wiging19@frontier.com). Thank You!

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## **FOR TREASURE USE ONLY**

Reimbursement    TO: \_\_\_\_\_    Date: \_\_\_\_\_

Cash Box    Check Number/Amount: \_\_\_\_\_

Invoice Paid/Check Sent:    Budget line number: \_\_\_\_\_