

# St Columbkille PTU

## Reimbursement Request

Name: \_\_\_\_\_  
*Printed*

Date: \_\_\_\_\_

Item #	Vendor	Date of Receipt	Event and Description	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total Amount Requested				



**Legible itemized  
receipts must be  
attached.**

*Bring completed form to a PTU meeting for immediate reimbursement or send to school addressed to PTU Treasurer.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Child's name & class or address to send payment*

\_\_\_\_\_  
*City & Zipcode if payment is being mailed*

For PTU Use Only	Check #: _____
	Reimbursement Date: _____
	Reimbursed By: _____