

**Sparks Elementary School  
PTA Reimbursement Form**

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

Requested by: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Itemized expenditures:

Description	Charge to the Account of <small>(turn page over for codes)</small>	Amount	Receipt Attached?
1)			Yes
2)			Yes
3)			Yes
4)			Yes

Grand Total \$ \_\_\_\_\_

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

**FOR PTA USE ONLY**

**Date Paid:** \_\_\_\_\_

**Check No:** \_\_\_\_\_

**Paid by:** \_\_\_\_\_