**Frostwood Elementary PTA**

**Teacher & Staff Reimbursement Request – Use of Personal Funds**

1. Attach all receipts and any supporting documentation (i.e., receipts, purchase orders, invoices, etc.).
2. Deliver form and attachments to Treasurer’s Box.
3. Funds will be reimbursed within two weeks of submission.

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade / Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount (do not include sales tax): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  \_\_\_ | Start Up Fund - Individual |  \_\_\_ | Study Trips |
|  \_\_\_ | Start Up Fund -Team Lead |  \_\_\_ | Library |
| \_\_\_ | Professional Development |  \_\_\_ | Science Lab |
| \_\_\_ | Other: Cultural Arts, Healthy Lifestyles, |  \_\_\_ | DARE |
|  | Grade Level Play, Reflections, Math Olympiad, |  |   |
|  | Spelling Bee, Western Day, Young Authors, |  |  |
|  | TAPS, etc. |  |  |

General Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

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

 Check #: \_\_\_\_\_\_\_\_\_\_\_

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