

**PLEASANTON PTA COUNCIL  
REIMBURSEMENT REQUEST FORM**

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

Phone: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Mail or Deliver To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

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<u>Event/Program/Budget item</u>	<u>Description of Expense</u>	<u>Expense \$\$</u>
<b><u>Total</u></b>		

**PLEASE ATTACH ALL RECEIPTS**

APPROVED BY: \_\_\_\_\_ President

\_\_\_\_\_ Secretary

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**FOR TREASURER ONLY**

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

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

If necessary, please mail your request to Amy Williford, 466 Vineyard Place., Pleasanton 94566