

Parent Edge Speaker Reimbursement Form

Date Submitted: _____

- Attach original receipt(s) to this form. Please make a copy for your records.
- Please submit all forms and receipts within 2 weeks after the event for which you are seeking reimbursement.
- Please submit this form to:
 Suzanne McIntosh or scan and email: suzannemcint@gmail.com
 7409 SE 71st St
 Mercer Island, WA 98040

Date of Event/Expenses: _____

Committee/Activity: _____

Items Purchased (Note: Alcohol reimbursement is not permitted with PTA funds. \$30 dinner, \$30 combined breakfast, lunch and incidentals, not to exceed \$60/day):

Purchased From:	Receipt or Invoice Amount:

Total: \$ _____

Person Receiving Reimbursement: (Please Print) _____

Mailing Address: _____

Contact Phone and Email address (*to be used for further clarification or follow up*)

Treasurer's Use Only	
Date Paid:	Check #
Approved by:	Check Amount \$