



Oak Knoll PTA  
Reimbursement Form  
for Expenses

Date Submitted: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

\*\*\* Receipts must be attached \*\*\*

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (You will be notified when reimbursement is sent/ready for pick up)

Budget account or committee to be charged: \_\_\_\_\_

Describe Services provided or supplies purchased: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Make Check payable to: \_\_\_\_\_

Address (if check is to be mailed):

\_\_\_\_\_  
\_\_\_\_\_

Forward to: (child's name): \_\_\_\_\_

(teacher) \_\_\_\_\_

Will pick up from PTA Treasurer's Mailbox : ☐

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**Treasurer's Use Only**

Budget Category: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

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

Delivery Method: ☐ School mail slot ☐ U.S. Mail ☐ Hand delivered ☐ Home with student

Notification of payment sent to requestor:

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

Date Posted: \_\_\_\_\_ By: \_\_\_\_\_