



## John Stanford International School PTSA Reimbursement Request Form

- Please complete this form, attach receipts and place in the PTSA box in the school office.
- Reimbursement requests must be accompanied by receipt(s) and be submitted within 60 days of purchase.

Date request submitted: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

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

School project or program to be charged: \_\_\_\_\_

Brief description of expense: \_\_\_\_\_

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Your signature: \_\_\_\_\_

<b>TREASURER'S USE:</b>	<b>Date paid:</b> _____	<b>Amount paid:</b> _____	<b>Check #:</b> _____
<b>Account # or Description:</b> _____			