



BEL PRE/STRATHMORE ELEMENTARY
SCHOOLS
PARENT TEACHER ASSOCIATION, INC.

Bel Pre Elementary School ✍ Strathmore Elementary School

REIMBURSEMENT REQUEST

Date _____

Please make check payable to:

Amount: \$ _____

Charge to account: _____

Purpose: _____

Itemization of expenses:

Check Requested By: _____
Signature and Date

Committee Chairperson's Approval: _____
Signature and Date

****** RECEIPTS MUST BE ATTACHED ******

Paid by check no. _____ Date: _____

Treasurer: _____
Signature