Dearborn PTA Expense Reimbursement Request

Date: _____

Name: _____

Address:

City: State: _____ Zip: _____

Expenses:

Purchased From	Item	Purpose	Amount
		Total	

Original receipts must be attached to this form

Approved by: _____

Date:

Check # _____ Check Amount: _____

Check Signer: _____ Check Date: _____