

Julia Ward Howe PTA

For Treasurer's Use Only

Check Number: _____

Date Paid: _____

Amount: _____

Date: _____

I hereby request funds from the Julia Ward Howe PTA for (check one)

Reimbursement _____

Payment of Bill _____

Project of Committee: _____

Committee Chair's Name: _____

Purpose/Use: _____

Check Payable to: _____

Total Amount Requested (Sales tax will not be reimbursed): _____

Your Name: _____ Signed: _____

Date: _____ Email: _____

Receipts Attached: _____

Bills Attached: _____

Comments: _____

Please note the following instructions prior to completing your request for reimbursement:

6. Prior to purchasing any items on behalf of the PTA or your committee, please obtain a tax exempt form from the school office or the treasurer to avoid the payment of sales tax. **Sales tax will not be reimbursed.**
7. All requested for reimbursement must be received within 14 days of the invoice date or date of purchase.
8. Be sure to include your email address. The Treasurer will make reimbursements once per week and contact you by email when your reimbursement check is available for pickup.
9. Receipts, invoices, bills, and all documentation MUST be attached for reimbursement.
10. Please remember to check with your chair to ensure you are within budget!

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