**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 or 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:*

1. *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.***
2. *All requested for reimbursement must be received within 14 days of the invoice date or date of purchase.*
3. *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.*
4. *Receipts, invoices, bills, and all documentation MUST be attached for reimbursement.*
5. *Please remember to check with your chair to ensure you are within budget!*

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