

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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