



Expense/Reimbursement Form

Please complete this form when requesting reimbursement from the AHMS PTA for any expenses incurred on their behalf. **Attach all required receipts to the back of this form** and forward to the PTA Treasurer within **7 days** of the purchase or event date. If you used a credit card, the PTA is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount by **\$50.00** must have approval from the Executive Board (and cannot be paid until the association votes to approve the overage).

No reimbursement will be made without receipts.

Name: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

Event/Committee: _____ Amount: _____

Make Check Payable to: _____

Comments: _____

Signature: _____ Date: _____

Please Note: All required receipts must be attached to this form.

For Treasurer use only:

Date Received by Treasurer: _____ Date Check Issued: _____

Made Payable to: _____ Check #: _____

Authorized Signature: _____