

# Carderock Springs Elementary School PTA

## EXPENSE REIMBURSEMENT FORM

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Amount of Reimbursement/Invoice: \$ \_\_\_\_\_

Description of Item(s)/Service(s) Purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee to be Charged: \_\_\_\_\_

Date Check is Needed: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

Please attach all receipts and forms related to this expense and forward to:

Laura Gwyn  
PTA Treasurer  
7916 Horseshoe Lane  
Potomac, MD 20854

You are welcome to contact me with any questions at 301-983-1878.

Check #:	_____
Amount:	_____
Date:	_____

*Revised 8/11*