

Robert Frost PTA – Reimbursement Receipt

Print Name: _____ Date: _____

Email: _____

Address (if to be mailed): _____

Description of Program or Service Category	\$ Amount

Attach receipts with amount circled

Total to be reimbursed \$ _____

Please note that we are unable to reimburse any sales tax that was spent. Exempt # 31-1099095

=====For Office use only=====

Date _____ CK # _____ Line to be debited _____