

Jackson Davis Elementary PTA
8801 Nesselwood Road
Richmond, VA 23229
804-527-4620

PTA REIMBURSEMENT REQUEST
(Please Print)

Submitted by: _____ Date: _____

Phone number or email: _____

Chairman's Signature: _____

TOTAL Amount to be Reimbursed: _____

PTA Budget Account: _____

Explanation of Expense: _____

Check Made Payable to: _____
(please print)

MAIL TO: _____

or SEND WITH: _____
(STUDENT) (TEACHER)

*******RECEIPTS MUST BE ATTACHED*******

Please place completed form in the PTA treasurer's mailbox

(TREASURER'S USE ONLY)

Date Paid: _____ Check No: _____