

Accompsett Elementary PTA Expense Reimbursement Form

Committee Name: _____ Date: _____

Person Requesting the Check: _____

Address: _____ Phone Number: _____

Check made payable to: _____

Date of Purchase	Place of Purchase	Purpose	Amount
Total Reimbursement			

Attach all receipts and return completed form to:

Ellen Kyranakis
18 Asbury Drive
Smithtown, NY 11787
631-366-4499

For Clerical Use Only			
Approved By: _____	Approved By: _____	Needed if no receipt is available.	
Date Paid: _____	Check Number: _____	Amount: _____	
Delivery Date: Mailed: _____	Dropped Off: _____	Picked Up: _____	