Holmes PTSA Reimbursement Form

Use for items already purchased, receipt(s) must be attached.

Amount of Check: _____

Make Payable to: _____

Address: _____ Telephone: _____

Deliver by: US Mail

Backpack Student_____ Class_____

Description of Expense	Committee	Amount
	Total	

_____ _____

Purchaser Signature Date

_____ _____

Committee Chair Signature Date

For Treasurer's Use:

Date: _____ *Check #* _____

Budget Item: _____

*Treasurer's Initials:*_____ *Co-signer's Initials:*_____