

**SALK/MACARTHUR PTSA
Expense Reimbursement Form**

Name: _____

Telephone: _____

Expense Category: _____

-or-

Name of Fundraiser: _____

Make Check Payable to: _____

Amount of Expense: \$ _____

Description of Expense: _____

Please attach all bills and/or receipts to support reimbursement request. If not available, PTSA President and/or Co-President approval is required.

If Applicable:

PTSA President/Co-President

Approval: _____

Date processed: _____

Check Number: _____