

LOUDONVILLE PTA REIMBURSEMENT/DEPOSIT FORM

*(Please fill out committee information and either **Section A** when submitting requests for PTA funds or **Section B** when depositing monies from PTA events.)*

PTA Committee _____ Date _____

Name _____ Phone Number _____

Email address _____

A. Payment/Reimbursement Requests:

Item	Purpose of Expenditure	Amount
TOTAL		

PLEASE ATTACH ALL RECEIPTS

Make check payable to: _____

Signature _____

Please send check in care of (child's name and teacher/grade)

B. Deposit Submissions:

Total Amount to be deposited : _____	Checks \$ _____
	Cash \$ _____
Comments (if any): _____	

Please submit form to:
Cathie Love c/o Caroline 6R
426-7023 (home) or
clove@nycap.rr.com

Treasurer's Notes:
Received: _____
Date Paid: _____
Check #: _____
Amount: _____