



PTG Reimbursement Form

Please complete this form and attach all receipts for costs incurred to the form. Send the completed form to PTG: Attn Treasurer within 5 days of the class activity.

Teacher/Grade: _____

Class Homeroom Parent: _____

Item: _____

Item Purpose/Use: _____

Reimbursement Payable to: _____

Amount Requested: _____

Are all receipts attached: _____ Yes _____ No

Send check home with student? _____ Yes _____ No

Student Name and Grade: _____

Mail check? _____ Yes _____ No

Address check should be mailed to: _____

Email for notification of check being sent: _____

Submitted by: _____ Date: _____

Approving Signature: _____

Return completed Reimbursement Form to PTG Treasurer Lisa Ubinger or drop off in PTG mailbox in the Teacher's Lounge