

Northrop Urban Environmental Learning Center PTA Reimbursement Form

Date: _____

Name: _____

Make Check Payable to (if different): _____

Note: Fill out this next section only if you are NOT an on-site staff member:

Address: _____

Phone: _____

Email: _____

Submitting reimbursement for:

- Classroom Stipend
- Field Trip Stipend
- Other (please specify): _____

Item	Purpose of Expenditure	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Amount Requested: \$ _____

- **ORIGINAL RECEIPTS MUST BE ATTACHED TO THE BACK OF THIS DOC VIA STAPLES**
- Photocopies of receipts and this form returned by request only
- Please write your name on the receipt
- Payment will only be made if funds for this program are available.

Treasurer Use Only

Receipts Received: _____

Check # _____ Date _____ Amount \$ _____ Split Check _____

Budget Line (if different than above) _____

Notes _____

Treasurer's Initials _____ VP or President's Initials _____