



John Stanford International School PTSA Reimbursement Request Form

- Please complete this form, attach receipts and place in the PTSA box in the school office.
- Reimbursement requests must be accompanied by receipt(s) and be submitted within 60 days of purchase.
- Checks must be cashed within 6 months, or they will be considered a doantion to the PTSA

Date request submitted: _____ Amount requested: _____

Make check payable to: _____

Full mailing address: _____

Phone: _____

School project or program to be charged: _____

Brief description of expense:

Your signature: _____

TREASURER'S USE: **Date paid:** _____ **Amount paid:** _____ **Check #:** _____

Account # or Description: _____