



**NORTH STAR ELEMENTARY- REIMBURSEMENT FORM:**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Deliver/Mail To: \_\_\_\_\_  
\_\_\_\_\_

Receipts Attached? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Reason for Reimbursement/Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*DO NOT WRITE BELOW THIS LINE- PTA USE ONLY \*\*\*\*

Request Accepted? YES: \_\_\_\_ NO: \_\_\_\_ (see "Notes" below)

Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Approved By: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

NOTES: