

**UNDERWOOD PTA**  
**REIMBURSEMENT FORM**

Name of Person Requesting Check \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Expenditure (please be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL** Reimbursement Amount: \$ \_\_\_\_\_ (Sales Tax Amt. \_\_\_\_\_)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

email: \_\_\_\_\_

PLEASE CHECK ONE:

- Mail me the check
- Contact me to make arrangements for pickup

**PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC AND  
RETURN TO PTA TREASURER BOX IN UNDERWOOD MAILROOM**

**Questions? Contact**  
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