

NSCS PTA Reimbursement For Approved Expenses

This is a request for repayment of funds that have been approved by the PTA

Name: _____ Date: _____

Please check if you prefer to have your check mailed to you:

Address: _____

Purpose: _____

Date	Description	Amount

*Please attach all applicable receipts Total: _____

Approved By: _____ School Year: _____

Treasurer: Paid by check #: _____ Date: _____

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