



REIMBURSEMENT REQUEST 2020-2021
Trailside Middle School PTA
20325 Claiborne Parkway
ASHBURN, VA 20147



Please print when filling out this request and ATTACH ALL RECEIPTS (required).

Date: _____

Amount of this request: \$ _____

Name of person requesting reimbursement: _____

Phone number: _____

Email Address: _____



Make check payable to: _____

Address _____

Event or activity expense is related to: _____

Reason for expenditure: _____

Provide as much detail as possible

Date of activity: _____

Date check required: _____

Chairperson's or President's approval: _____
(signature)



FOR PTA USE ONLY

Treasurer's Approval: _____
(signature)

Comments: _____

Date Paid: _____ Check#: _____ Amt: _____