



Rodgers Forge Elementary School PTA, Inc. Reimbursement Request

Date of request: _____

Amount requested: _____

Person initiating the request: _____

Contact email when check is ready: _____

Address if check needs to be mailed: _____

Reason requesting request (specify event/purpose) and use SEPARATE forms if different categories: _____

Additional information: _____

Signature: _____

****Checks shouldn't take longer than a week!! If you require immediate reimbursement, please reach out to the treasurer at rfesptatreasurer@gmail.com. Additional documentation MUST be provided for reimbursement. No reimbursements requests will be honored without invoices or receipts.**

Treasurer Section
Date Check Written: _____
Amount: _____
Check Number: _____
Initials: _____