

# Akron PTA

## Reimbursement Request

Account/Event	Item Purchases	Amount
	<b>Total Amount to be Reimbursed:</b>	\$

**Payable to:**

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

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

Phone #: \_\_\_\_\_

**Please attach any receipts for the above purchases.**

Please return this form to:

Kim Robinson

(516) 639-7541 / kym2112@optonline.net

or

PTA school mailbox