

**Treasurer's use only**

Approved Amount: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Account: \_\_\_\_\_

**OAKVILLE CHRISTIAN SCHOOL PTA REIMBURSEMENT FORM**

Complete the reimbursement form and attach receipts or invoices. Email our treasurer, Melissa Thompson at [mthompson@cornerstone-research.com](mailto:mthompson@cornerstone-research.com) that you will be submitting a reimbursement form and place the form and receipt in the PTA mailbox in the school office. Please retain a copy for your records.

**REQUEST FOR REIMBURSEMENT**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

CHILD'S NAME/TEACHER: \_\_\_\_\_

PHONE AND EMAIL: \_\_\_\_\_

PTA EVENT or PROGRAM \_\_\_\_\_

DESCRIPTION OF EXPENSES (List items individually)

AMOUNT

DESCRIPTION OF EXPENSES (List items individually)	AMOUNT
TOTAL AMOUNT OF REIMBURSEMENT	\$

**ORIGINAL RECEIPTS OR INVOICES MUST BE ATTACHED**