



# PTG Class Activity Reimbursement Form

Please complete this form and attach all receipts for costs incurred to the form. Send the completed form to PTG: Attn Treasurer within 5 days of the class activity.

Teacher/Grade: \_\_\_\_\_

Class Homeroom Parent: \_\_\_\_\_

Activity/Event: \_\_\_\_\_

Activity Budget Amount: \_\_\_\_\_

Reimbursement Payable to: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Are all receipts attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Send check home with student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student Name and Grade: \_\_\_\_\_

Mail check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address check should be mailed to: \_\_\_\_\_

Email for notification of check being sent: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Signature: \_\_\_\_\_

Return completed Reimbursement Form to PTG Treasurer Lisa Ubinger or drop off in PTG mailbox in the Teacher's Lounge