



PTG Event Reimbursement Form

Name:

Phone Number:

Name of Event:

Date of Event:

Approved Budget Amount:

Committee Chairperson(s) responsible:

All receipts MUST be included in order to be reimbursed.

Description of Expenses	Date	Amount requesting for reimbursement

Total Amount Requested for Reimbursdement: _____

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