

Arrowhead Primary School PTA 1600 Raleigh Boulevard Copley, OH 44321 Date: _____	<h2 style="margin: 0;">Expense Reimbursement Form</h2>
REIMBURSE EXPENSES TO (Insert Name & Address): 	SEND REIMBURSEMENT CHECK: <input type="checkbox"/> To My Home Address <input type="checkbox"/> Through Backpack Mail Child's Name: _____ Teacher Name: _____
COMMITTEE NAME: _____ BUDGET LINE ITEM: _____ _____ Committee Chairperson's Name (Print) _____ Committee Chairperson's Signature Date	PURPOSE OF EXPENSES:
ITEM	AMOUNT
Total	
<p style="text-align: center;">Please obtain the committee chairperson's signature for approval of expenses.</p> <p style="text-align: center;">Send this form and receipts to Kristin Dodson, c/o Samantha, Mrs. Hicks Room 404. Please note that we can't reimburse for sales tax. Please inquire about the sales tax exemption form prior to purchasing. Please email treasurer@arrowheadpta.org.</p> <p style="text-align: center;">Thank you!</p>	
<div style="display: flex; justify-content: space-between;"> <i>For Treasurer Use Only</i> Check #: _____ QBE: _____ CD: _____ 2023-2024 </div>	