



Request for Reimbursement Form

Name: _____ Date: _____

Title: _____ Grade: _____

Category of Request (check one)

<input type="checkbox"/>	Teacher Reimbursement (not to exceed \$100 per teacher per year)
<input type="checkbox"/>	Grade Enhancements/Field Trips (not to exceed \$900 per grade level per year)
<input type="checkbox"/>	Hospitality/Fund Raisers (ice cream social, school dance, teacher luncheon, etc)
<input type="checkbox"/>	Cultural/Enrichment Programs
<input type="checkbox"/>	Communications (flyers, paper, ink, etc.)
<input type="checkbox"/>	School Improvements
<input type="checkbox"/>	Library
<input type="checkbox"/>	Other

*Receipts must be attached if applicable

Amount of Request: \$ _____ Check Payable to: _____

Brief Description of project/program/expense:

Additional information or feedback:

*(The PTG welcomes feedback regarding the quality of products or the success of programs/events)

PTG Follow-Up:

Date Paid: _____ Check # _____ By: _____