Bronxville PTA 2019-2020

*Request for Reimbursement of Expenses*

Please complete this form in full and attach itemized receipts / invoices.

***Expenses must be submitted within 30 days of incurring expense. All expenses must be submitted by June 30*** of each academic year; expenses submitted after June 30 will NOT be reimbursed.

Amount: $ Date Requested: Submitted by: Email/phone: PTA Allocation:

* **PTA-­‐Wide Expenses**
* **HS**

Council

* **HS Grad Related**
* **MS Council**
* **ES**

Council

* **Athletic**

Council

* **BASC/**

After 9th/ Chess Club

Committee/Event/Budget Category: Date of Event:

Details of Expense:

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Description/Items Purchased** |
| **Food/Drink:** |  |  |
| **Supplies:** |  |  |
| **Services:** |  |  |
| **Tips:** |  |  |
| **Other:** |  |  |
| **TOTAL** |  |  |

Payable to:

Address:

1 ***Please pay vendor directly (complete page 2 if needed):***

*(Please note we* ***CANNOT*** *reimburse any sales tax. Due to our not-­‐for-­‐profit status, we should not be charged sales tax. Please use the PTA tax exempt certificate when making purchases.)*

**Please attach invoices/receipts and return to (*scan and email preferred*): Julie Daher**

Treasurer, Bronxville PTA

7 Locust Lane

Bronxville, NY 10708

917.848.1897 / **Treasurer@BronxvillePTA.org**

Bronxville PTA 2019-2020

*Request for Payment of Expenses to Vendor*

Please complete this form in full and attach itemized receipts / invoices.

***Expenses must be submitted within 30 days of incurring expense.*** All expenses must be submitted by June 30 of each academic year.

Vendor: Vendor contact name / email: Vendor Phone: Vendor Address: