

Alabama PTA
 Board Reimbursement Request
 Must be completed and returned within 30 days of the event for reimbursement.
See Reimbursement Guidelines for more detail.

Name

Address

City Zip Code Board Position

Name of Event Date(s) City

EXPENSES

Lodging #Nights @ Per night \$

Round Trip Mileage #Miles @.30 per mile \$
 (attach MapQuest or Google Map form)

Meals Breakfast Lunch Dinner

Date \$ \$ \$

Date \$ \$ \$

Date \$ \$ \$

Total Meals \$

Other expense \$
 (explain/attach receipts)

I choose to make a tax-deductible donation to Alabama PTA in this amount \$

I choose to make a tax-deductible donation to ALPTA Board Designated Funds in this amount \$

I choose to make a tax-deductible donation to the Past President's Club \$

Total reimbursement requested \$

Comments

I certify that the expenses listed above were incurred in accordance to the official reimbursement guidelines, are authorized Alabama PTA travel and are within the policies of Alabama PTA.

Signature required

Date

Approved

Date

FOR OFFICE USE ONLY

Amount of Disbursement \$ _____

Check # _____ Date _____

Expense Acct. _____