

**Saint James Elementary School
30 Peters Place
Red Bank, NJ 07701**

PTA Expense Reimbursement Form

Budget Year _____ - _____

Person Making Request: _____ Date: _____

PTA Committee: _____ Date of Event: _____

Please describe and itemize the expenses:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount Requested: _____

Please attach all **original** receipts or invoices to the back of this form. Receipts, bills and invoices received without this form will be returned to sender, as will form received without receipts, etc. attached. **SJS is tax-exempt, therefore sales tax will no longer be reimbursed. Please obtain a Tax Exempt Certificate from the business office prior to your purchase.**

Check should be made payable to:

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number (If available): _____

Please forward completed form with receipts to the business office ATTN: Mrs. Margaret Boyle

Payment Approval: For Treasurer's use only

Treasurer _____ Date Request Received _____

Principal _____

Account PTA _____ Check # _____ Exp Code 9004 _____