**Ross Elementary School PTA**

***Reimbursement Form***

Date: Amount:

 Submitted By: Contact #:

Purpose/Activity:

Is this related to a grant? YES/NO

Make Check Payable To\*:

**Receipt and/or Invoice must be attached for reimbursement!**

Please check one of the appropriate boxes:

Leave check in **PTA** mailbox in **Your Check Is Ready** folder

Leave check in **Other** mailbox.

Mail check to:

Approved Event Chairperson or Coordinator

Approved ROSS PTA Board Member

***Reimbursements will be paid on the 1st and 15th of every month. For questions, contact Matt Adinolfi at ptatreasurer@rosselementary.org.***