



John F. Kennedy Elementary School PTA
 175 Brookvale Avenue
 West Babylon, NY 11704
 631-376-7800

REIMBURSEMENT FORM

Date: ____/____/____

Make Check Payable to: _____

Address: _____

Telephone: _____

Reason for Expense: _____

Please use Tax Exempt Form when purchasing items for the PTA. You will not be reimbursed for sales tax on purchases you make.

Please attach all receipts to this voucher.

ITEM	Purpose of Expense	Amount
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$

All receipts must be submitted within 60 days after the event and/or prior to June 30th, whichever comes first.

To be filled out by JFK PTA Treasurer:

Approved by: _____ Check Dated: _____ Check #: _____