

MERCER ISLAND PTA COUNCIL 2.9
Reimbursement Form

Date Submitted: _____

- Attach original receipt(s) to this form. Please make a copy for your records.
- Please submit all forms and receipts to the treasurer within 2 weeks after the event for which you are seeking reimbursement. Please allow 2 weeks for processing.
- Please submit this form to:

Bridget Swanson or email to: bridgetkswanson@comcast.net
6135 90th Ave SE
MI, WA 98040

Date of Event/Expenses: _____

Committee/Activity: _____

Items Purchased:

Purchased From:	Receipt or Invoice Amount:

Total: \$ _____

Person Receiving Reimbursement: (Please Print) _____

Mailing Address: _____

Contact Phone and Email address *(to be used for further clarification or follow up)*

Treasurer's Use Only	
<i>Date Paid:</i>	<i>Check #</i>
<i>Approved by:</i>	<i>Check Amount \$</i>