

# YORKTOWN PTA REIMBURSEMENT FORM

## Complete and Attach Receipts

Date:

Reason for Expense:

Amount of Expense:

Check Payable To (Including Address):

Preferred Means of Delivery:

Phone Number:

E-Mail:

Leave Reimbursement Requests in the PTA Box at YHS, or alternately, mail to the PTA Treasurer:

Michele Rinn  
2700 N Powhatan Street  
Arlington, VA 22207  
703-615-9295 (C)  
treasurer@yhspta.org

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### FOR TREASURER USE ONLY

Check Number:

Date of Check:

Expense Line Item: