



## Bushy Park Elementary School PTA

14601 Carrs Mill Road

Glenwood, MD 21738

410-313-5500

### 2024 - 2025 Reimbursement/Payment Request Form

Treasurer: Jennifer Shafer (410) 693-9244 treasurer@bushyparkpta.org

Date: \_\_\_\_\_

Expense Purpose: \_\_\_\_\_

Expense for Reimbursement:	Description of Expense	Amount to be Reimbursed
(detailed original receipts must be attached)		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL amount requested for reimbursement:</b>		\$ _____
Requested by: _____ / _____		
(signature)		(print name)

Payment to be made to Vendor	Vendor Name : _____	
(attach contract or invoice)	Description of expense	Amount to be Paid
Requested by : _____ / _____		
(signature)		(print name)

Date: \_\_\_\_\_ Check no.: \_\_\_\_\_ Account: \_\_\_\_\_