

NGES PTG Reimbursement Form

This form must be submitted to ngesptgtreasurer@hotmail.com in order to receive reimbursement for PTG business. **Please attach all receipts** (if applicable). If receipts are missing a missing receipt form must accompany this form. Please type or write legibly on this form

Date form completed: _____

Full Name (Legal name for check “make payable” line): _____ Grade/Specialty: _____

Email Address: _____ Parent Volunteer (circle one)? Y / N

Contact #: _____

Program(s)/Event(s) reimbursement is requested for: _____

Please annotate full mailing address below:

ITEM #	BUDGET LINE ITEM	ITEM & DESCRIPTION (ONE LINE ITEM PER RECEIPT)	DATE OF PURCHASE OR SERVICE	REIMBURSEMENT AMOUNT \$\$
Example	NGES ASEP	Supplies for Lego Enrichment/Services for Lego ASEP	Actual date or range of dates	\$ 50.00
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
TOTAL REIMBURSEMENT AMOUNT:				\$

Signature of Requester: _____

FOR PTG USE ONLY:		
Approved by (Name): _____	Date: _____	Initials: _____
Check #(s): _____	Date check submitted to requestor: _____	