



JL Long PTA Reimbursement Form

Check Made Payable to: _____

Address: _____

City: _____ State: _____

Requester: _____ Phone: _____
(In case of questions)

Amount: _____ Date Needed: _____

Budget Line Item: _____
(If your invoice reflects more than one budget line, please identify each and the amount)

DESCRIPTION OF SERVICES OR ITEMS: _____

(receipts should be attached and a total provided for the amount to be reimbursed)