



JACKSON
Elementary

2010-2011 PTA REIMBURSEMENT FORM

Please complete this form entirely

Date Submitted: _____

Name: _____

Phone Number: _____ Email Address: _____

Make Check Payable To: _____

Where would you like the check to be sent?

Book Bag _____ Child's Name/Grade/Teacher _____

Mailed to Home: Address to send check: _____

Description of Expense: _____

Committee Information: _____

Total Amount of Check/Reimbursement: _____

PLEASE ATTACH RECEIPTS TO BACK OF THIS FORM

Please contact Nancy Okeson at nokeson@mindspring.com with questions.

