

Sierra Elementary PTA 2025-2026 Reimbursement Request Form



Name of Person Making	Request:		
Date:	Email:		
Reason for Disbursemen	nt (provide a description of expe	nses):	
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Which Committee/ Exper	nse Category is Responsible f	or the Disbursement (i.e., Conference	се
Dinners, Field Day, Class F	Parties, etc.):		
Check Details			
Make Check Payable To:			
Amount of Check:	Da	ate Check is Needed:	
Name of School Mailbox	or Full Mailing Address for Cl	neck Delivery:	
Submit this form, a	along with all supportin	g documentation (receipts, Treasurer@SierraPTAArvada.	invoices,
For Board Use Only - App	provals & Budget Account		
Treasurer:		Date:	
President (if over \$100):		Date:	
Budget Account:		Notes:	
Check #:	Date Iss	ued:	