



Reimbursement & Release of Funds

AMOUNT	NAME	PURPOSE/DESCRIPTION
\$		<input type="checkbox"/> Reimbursement <input type="checkbox"/> Release of Funds
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\$

Total

Directions for Reimbursement:

The person requesting the reimbursement must print their name, sign this form and include the date.

Head of School/Principal's Signature

DATE

PTFB President's Signature

DATE

Print Name [FOR REIMBURSEMENT ONLY]

Signature [FOR REIMBURSEMENT ONLY]

Date of Request [FOR REIMBURSEMENT ONLY]

Business Manager's Initials

DATE