

**Request for Reimbursement
From the Falls Church Elementary PTA**

Request made by (print name): _____

Date of request: _____

Check Payable To: _____
(Please print)

Total Amount of Reimbursement: \$ _____

Brief description of item(s) purchase: _____

Receipt(s) Attached? Yes No

Signature: _____

For Office Use Only

Check Number: _____

Date: _____

Initials: _____