REIMBURSEMENT REQUEST PARLEY'S PARK PTA

DATE:			
NAME:			
MAILING ADDRESS:			
PHONE NUMBER:			
**Please itemize expe	enses according to the pr	ogram or event.	
PROGRAM/EVENT	ITEM		AMOUNT
			- ,
	-		
	oursement once the treasurer has be 15. Thank you!		bmitted on or before the
All RECEIPTS	MUST BE ATTACH	HED TO THIS REC	QUEST
Mike Doleac, PPES PTA Treasurer		DATE PAID:	
<u>msd51@mac.com</u> 801-879-5051		CHECK #·	