Raymore Elementary PTA

Snack Reimbursement Form

Date: _____

Teacher: _____

Room Parent Name: _____

FORM MUST BE TURNED IN TO OUR PTA MAILBOX OR E-MAILED (alberta.priewe@gmail.com) _WITHIN ONE WEEK_ OF CELEBRATION DATE FOR REIMBURSEMENT

LIST REIMBURSABLE ITEMS

ITEM	PRICE
	$

ATTACH RECEIPTS TO FORM

Reimbursement Total:

Select Reimbursement Preference:

_____Send reimbursement home with:

Student Name: Teacher:

_____Leave reimbursement at the Front Office for pick up

APPROVED / DECLINED   REASON: _____

     CHECK # _____   Amount: _____ Date:_____