



Bunker Hill Elementary PTA
Reimbursement Request for Expenses

Check Payable To: _____

Office/Committee: _____

Purpose of Expense Listed in Detail:

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT: \$ _____

DATE: _____

SUBMITTED BY: _____

Please attached all receipts in a pdf document and send to bhereimbursements@gmail.com
(retain your receipts until reimbursement has been received).

We are unable to reimburse for sales tax.