Alabama PTA

Board Reimbursement Request

Must be completed and returned within 30 days of the event for reimbursement.

**See Reimbursement Guidelines for more detail.**

Name

Address

City      Zip Code      Board Position

Name of Event      Date(s)       City

**EXPENSES**

Lodging       #Nights @       Per night $

Round Trip Mileage       #Miles @.30 per mile $

(attach MapQuest or Google Map form)

Meals Breakfast Lunch Dinner

Date       $       $       $

Date       $       $       $

Date       $       $       $

Total Meals $

Other expense      $

(explain/attach receipts)

(You may donate your reimbursement to AL PTA)

 [ ]  I choose to make a tax-deductible donation to Alabama PTA in this amount $

 [ ]  I choose to make a tax-deductible donation to ALPTA Board Designated Funds in this amount $

 [ ] I choose to make a tax-deductible donation to the Past President’s Club $

Total reimbursement requested $

Comments

I certify that the expenses listed above were incurred in accordance to the official reimbursement guidelines,are authorized Alabama PTA travel and are within the policies of Alabama PTA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature required Date Approved Date

FOR OFFICE USE ONLY

Amount of Disbursement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense Acct.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­