

Kent Gardens Elementary School PTA Reimbursement or Vendor Payment Request 2010-2011

This Form must accompany all payment request and receipts. Checks will be mailed so the address entered below must be accurate to ensure delivery.

Purpose (Check one): Reimbursement Request Vendor Payment Request

Your Name: _____ **Date:** _____

Your Phone No.: _____ **Email:** _____

For Reimbursement/Check Requests

Payee Name (if not you): _____

Payee Address: _____

Payee Phone No.: _____

Account No. or How Payee Identifies KGES PTA: _____

Categories – Select One

INCOME							
After School Acad.		Chess Club		Grocery Receipts		Spirit Wear	
After School Hoops		Drama Program (MTC)		Interest Income		Square 1 Art	
Armchair Fundraiser		Entertainment Books		March Madness		Summer Academies	
Auction		Family Fun Nights		Membership		Vacation Academies	
Book Fair		French Videos		Miscellaneous			
Box Tops		Gift Wrap		Popcorn Club			
EXPENSES							
Author Visit		Field Trips		Insurance		Staff Prof. Growth	
Banking & Accounting		Fine Arts		International Night		STEM Support	
Building & Grounds		French Club		KG Hospitality		Teacher-Staff Appreciation	
Classroom Materials		French Interns		National, State, County PTA Dues		Teacher-Staff Appreciation Week	
Community Service		Guidance Program		Reflections		Teacher Fund	
Cultural Arts		Handbook/Directory		Sixth Grade Farewell		Technology	
Curriculum Development		Health & Safety		SOL Remediation		Technology Support	
Executive Fund		Human Relations		Spelling Bee			

TOTAL AMOUNT OF REIMBURSEMENT/VENDOR PAYMENT: \$ _____

COMMENTS:

Committee Chair Approval: _____ **Date:** _____

Please send an email to treasurer@kentgardenspta.com to inquire about the status of all submitted requests.