



# Forest Park Elementary PTA

9935 NW Durrett St. | Portland, OR 97229

## Expense Reimbursement Request Form / In-Kind Donation Receipt

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(a check will be made payable to above-named party unless otherwise requested)

Address: \_\_\_\_\_

Phone no.: (            ) \_\_\_\_\_

Project/Event: \_\_\_\_\_

This is \_\_\_\_\_ an expense reimbursement **OR** \_\_\_\_\_ an in-kind donation

Description of expense:

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

Expense pre-approved by: \_\_\_\_\_  
(signature of PTA committee chair -- if not pre-approved, explain above)

Total to be reimbursed \$ \_\_\_\_\_

Total value of in-kind donation \$ \_\_\_\_\_

Please attach all receipts and/or invoices and notify the treasurer at **fpetreasure@gmail.com** to expedite your request.

FOR PTA USE ONLY	
Check issued by _____	Date _____
Check no. _____	Amount _____
Budget category _____	
Donation acknowledgement sent by _____	Date _____