



# Ocean Air PTA Class Fund Reimbursement Form

Complete only the TOP of this form. Please scan this form and receipts as PDFs and send by email to [sanjanadhruv@gmail.com](mailto:sanjanadhruv@gmail.com) (virtual submission only). Turn your receipts in within 30 days of purchase. Reimbursement takes 2-4 weeks.

Date \_\_\_\_\_

Name of Person Requesting Reimbursement \_\_\_\_\_  
*(First & Last)*

Email \_\_\_\_\_ Phone \_\_\_\_\_

Teacher(s) Last Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Celebration Name(s) \_\_\_\_\_

Date(s) of Celebration(s) \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
*(Total of Your Receipts)*

Invoice attached

Receipt attached

Address Where Reimbursement Check Should Be Sent:

\_\_\_\_\_

\_\_\_\_\_  
*(City)* *(State)* *(Zip)*

\_\_\_\_\_

Approved by Room Parent Liaison \_\_\_\_\_ Date \_\_\_\_\_

Budget Category \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

Date Approved in Minutes \_\_\_\_\_

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Secretary's or Financial Secretary's Signature