

**Assumption PTC
Reimbursement Request**

Please reimburse (Name) _____ for the
following expense(s) for _____
(Event)

**Attach Receipts
Here**

<u>Amount</u>	<u>For</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

\$ _____
Total

Signature

Check # _____

Date _____

Amount \$ _____

Treasurer's Initials _____