

Einstein PTSA Reimbursement Request

Date Requested: _____

Amount Requested: _____

Check payable to: _____

Mailing address: _____

Items purchased: _____

Attach all receipts _____

Purpose of purchase or PTA activity: _____

Person making request: _____

Signature: _____

Phone number: _____ Email: _____

Signature of Committee Chair: _____

***Please submit this form with attached receipts to Wyatt Hardiman,
Treasurer, Einstein PTSA, 3152 Plyers Mill Road, Kensington, Maryland
20895***

For treasurer use only:

Received _____ Check number _____ Date sent _____