

REIMBURSEMENT REQUEST 2020-2021
EAGLE RIDGE MIDDLE SCHOOL PTA
42901 WAXPOOL ROAD
ASHBURN, VA 20148

Please print when filling out this request and ATTACH ALL RECEIPTS.

Date _____

Amount of this request \$ _____

Name of person requesting reimbursement _____

Phone number _____

Email Address _____

Make check payable to _____

Address _____

Event or activity expense is related to _____

Reason for expenditure _____

Provide as much detail as possible

FOR PTA USE ONLY

Check # _____