

**NGES PTG Reimbursement Form**

This form must be submitted to [ngesptgtreasurer@hotmail.com](mailto:ngesptgtreasurer@hotmail.com) in order to receive reimbursement for PTG business.

**Please attach all receipts** (if applicable). If receipts are missing a missing receipt form must accompany this form.

Please type or write legibly on this form

Date form completed: \_\_\_\_\_

Full Name (Legal name for check "make payable" line): \_\_\_\_\_ Grade/Specialty: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parent Volunteer (circle one)? Y / N \_\_\_\_\_

Contact #: \_\_\_\_\_

Program(s)/Event(s) reimbursement is requested for: \_\_\_\_\_

Please annotate full mailing address below:

ITEM #	BUDGET LINE ITEM	ITEM & DESCRIPTION (ONE LINE ITEM PER RECEIPT)	DATE OF PURCHASE OR SERVICE	REIMBURSEMENT AMOUNT \$\$
Example	NGES ASEP	Supplies for Lego Enrichment/Services for Lego ASEP	Actual date or range of dates	\$50.00
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
<b>TOTAL REIMBURSEMENT AMOUNT:</b>				\$

**Signature of Requestor:** \_\_\_\_\_

<b>FOR PTG USE ONLY:</b>		
Approved by (Name): _____	Date: _____	Initials: _____
Check#(s) _____	Date check submitted to requestor: _____	