



# Long Valley Middle School PTA

## Reimbursement Request Form

Submit Completed Form and Receipts to Treasurer Within 14 days of Expense Date

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Event Name/Type: \_\_\_\_\_

Check Payable To: \_\_\_\_\_  
(name of person or company)

Mailing Address: \_\_\_\_\_  
(address where to mail check to)

Describe what the expense is for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treasurer Info: Michael Hild (T) 973-309-0031 (E) [mjhild@gmail.com](mailto:mjhild@gmail.com)

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**TO BE COMPLETED BY TREASURER**

Approver Initials: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Check #: \_\_\_\_\_