

# CUB RUN PTA REIMBURSEMENT FORM

DATE: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Activity/Event: \_\_\_\_\_ Reason for request: Vendor Payment  
Reimbursement  
Grant  
(Please Circle One)

## RECEIPT ITEMIZATION

Name of Store	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Reimbursement \_\_\_\_\_

### If you need petty cash for cash boxes, please complete this portion

Activity/Event \_\_\_\_\_

Dollar Amount Needed \_\_\_\_\_ Number of Petty Cash Boxes \_\_\_\_\_

Petty Cash Box denominations needed:  
(please indicate amount needed for each denomination)

\$20.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_ \$5.00 \_\_\_\_\_ \$1.00 \_\_\_\_\_  
.25 \_\_\_\_\_ .10 \_\_\_\_\_ .05 \_\_\_\_\_ .01 \_\_\_\_\_  
(\$10.00 rolls) (\$5.00 rolls) (\$2.00 rolls) (.50¢ rolls)

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**DO NOT WRITE BELOW THIS LINE. FOR PTA USE ONLY**

Date Paid \_\_\_\_\_ Budget Category \_\_\_\_\_ Check Number \_\_\_\_\_

Amount Paid \_\_\_\_\_ Treasurer's Initials \_\_\_\_\_