



Briarcliff PTA Funds Requisition/Reimbursement Form

Date: _____

Submitted By: _____

Pertaining to/Committee: _____

Approved by: _____

Amount of Purchase: \$ _____

Sales Tax: \$ _____

Total to be Reimbursed: \$ _____

Receipts must be attached to this form.

Please itemize expenses on this form if not clearly listed on the receipt.

Make Check Payable to:

Note to the Treasurer:
