

**PTSA REIMBURSEMENT REQUEST FORM 2019-2020 SCHOOL YEAR  
DOROTHY HAMM MS PARENT TEACHER STUDENT ASSOCIATION  
4100 VACATION LANE, ARLINGTON, VA 22207**

- Please complete this form and attach the original receipt AND a photocopy of your personal check/customer copy of your credit card receipt.
- Email a PDF of the completed form and receipts to: PTSA Treasurer at [treasurer@dhmsptsa.org](mailto:treasurer@dhmsptsa.org).
- Please include your email address. DHMS PTSA uses electronic checks for reimbursement, and the check will be sent to the email address provided.

<b>Date (required)</b>	
<b>Amount (required)</b>	
<b>Budget line item (if known)</b>	
<b>Submitted by (required)</b>	
<b>Check payable to (required)</b>	
<b>Phone (required)</b>	
<b>Email address (required for reimbursement via electronic check)</b>	
<b>Signature (required)</b>	
<b>Description of expense</b>	

**Authorizing Signature (PTSA use only):** \_\_\_\_\_

**Questions?** Contact PTSA Treasurer at [treasurer@dhmsptsa.org](mailto:treasurer@dhmsptsa.org) or PTSA President at [president@dhmsptsa.org](mailto:president@dhmsptsa.org)