**PTSA REIMBURSEMENT REQUEST FORM**

**DOROTHY HAMM MS PARENT TEACHER STUDENT ASSOCIATION**
**4100 VACATION LANE, ARLINGTON, VA 22207**

* Please complete this form and attach a photocopy of the receipts.
* Email a PDF of the completed form and receipts in one pdf file to: PTSA Treasurer at 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.

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| --- | --- |
| **Date (required)** |  |
| **Amount (required)** |  |
| **Budget line item (if known)** |  |
| **Submitted by (required)** |  |
| **Check payable to (required)** |  |
| **Phone (required)** |  |
| **Email address (required)** |  |
| **Signature (required)** |  |
| **Description of expense** |  |

**Questions?** Contact PTSA Treasurer at treasurer@dhmsptsa.org or PTSA President at

president@dhmsptsa.org