

**Sherwood High School PTSA
300 Olney-Sandy Spring Road
Sandy Spring, MD 20860**

REIMBURSEMENT REQUEST FORM

Date: _____

Pay to the order of: _____

Mailing address: _____

Total Reimbursement: _____

Purpose (event/function): _____

Budget Category: _____

If more than one category, please itemized expenses below:

Budget Category	Amount

(Please staple original receipts to form.)

Approved by: _____

Signature of Committee Chair

Mail to: Courtney G. Springirth, CPA
17830 New Hampshire Ave. #301
Ashton MD 20861-3648

Or Fax to: (301) 260-2825
Or Email to: cspringirth@aol.com

For PTA Use Only:
Date: _____
Check No. _____
Amount: _____