

**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: Melody Bell, Treasurer
4021 Evangeline Terrace
Olney MD 20832
or e-mail: mcbell15@gmail.com

For PTSA Use Only
Date: _____
Check No. _____
Amount \$ _____