



Teacher Reimbursement Form - 2016-2017

Date: _____

Teacher Name: _____

Grade or Department: _____

Full Time (\$100)

Part Time (\$50)

Signature: _____

We appreciate all that you do for the students of NMES!

In order to receive classroom reimbursement you must be a current member of the PTA.

We look forward to working with you to make a difference in the lives of our students.

Yes, I'd like to join the PTA!
Include \$5 for Membership Dues
Cash, Check Payable to NMES PTA
or online at www.nmespta.com

I have already paid my PTA dues this year.

Original receipts must be attached to receive reimbursement.

We would appreciate it if you would make purchases for classroom items on separate receipts from personal purchases. If other items are on the receipt please circle your qualifying items.

Your reimbursement check will be placed in your mailbox.

Please submit all requests no later than May 31, 2017.

Treasurer Use Only:

Amount Paid: \$

Date Paid:

Check #:

Issued To:

Inv. #:

16-17

Posted to Budget Category: