



Deephaven Elementary PTA Expense Reimbursement Form

Date:

Name:

Phone:

Email:

Committee or Event:

Description of Purchase:

Amount to be Reimbursed:

(Attach original receipt, exclude sales tax)

Make Check Payable to:

(Please include self-addressed, stamped envelope)

Put this form in the PTA Treasurer mailbox in the copy room or mail to:

PTA Treasurer, PO Box 618 Excelsior, MN 55331.

**Questions? Contact Nichole Kelley at 952-200-8361 or
Kelley.nichole@yahoo.com.**