

# Davie High PTSA Reimbursement Request

## Instructions

Completed form should be placed in PTSA mailbox at Davie High or mailed to:

Marian Lloyd - PTSA Treasurer  
221 Ash Dr.  
Mocksville, NC 27028

Name _____	
Address _____ _____	
Telephone _____	
Amount _____ (Please attach all applicable receipts)	
Description _____ _____	
Signature _____	Date _____
To be completed by PTSA (Approval of Payment)	
Treasurer _____	
President or VP _____	
Payment Information	
Payee _____	
Date, Check Number, Amount _____	
Date Cleared _____	
Budget Line Item _____	