

**EISENHOWER PTSA  
TEACHER/STAFF  
GRANT REIMBURSEMENT REQUEST**

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**Grade Level or Specialist:** \_\_\_\_\_

**Amount of Purchase:** \_\_\_\_\_

**Payment for the Following:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Method of Receiving Check:**  
1) **Teachers Mailbox:** \_\_\_\_\_  
2) **Other (Mail To, ETC):** \_\_\_\_\_  
\_\_\_\_\_

**Attach invoices or receipts. (REQUIRED FOR PAYMENT)**

**Requested by:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**PTA President Signature:** \_\_\_\_\_

**School Office Signature:** \_\_\_\_\_

<b>For PTSA Treasurers Use Only:</b>	
Date Received: _____	Date Paid: _____
Check Amount: _____	Check Number: _____

**This form enables the Treasurer to pay expenses correctly and is a record of our expenditures. It protects all of us, and must be completed payment requests.**