

# Merrimack Middle School PTG Reimbursement Request

Date: \_\_\_\_\_

***Make check payable to:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(required for payment)

Telephone or Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Brief description \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

The PTG policy states that no expenses will be reimbursed without a receipt attached.  
Funding for non-budgeted items must be requested prior to making any purchases.

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*Return this form to the PTG Treasurer's Mailbox in the front office.  
Please allow two weeks for reimbursement to be mailed to the address provided above.*

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Treasurer's notes:

**Check #:** \_\_\_\_\_ **Online Bill Pay** \_\_\_\_\_ **Payment Date:** \_\_\_\_\_

**PTG Budgeted Line Item:** \_\_\_\_\_