

# Oakhurst STEAM Academy PTA

## Expense Reimbursement Form

Member Name:

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Expense Period

From:

To:

|  |
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|  |
|  |

Purpose

### Itemized Expenses

| Date | Description | Category | Cost |
|------|-------------|----------|------|
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|---------------------|--|
| Subtotal            |  |
| Less Cash Advance   |  |
| Total Reimbursement |  |

**Don't forget to attach receipts!**

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Member Signature Date

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Approval Signature Date