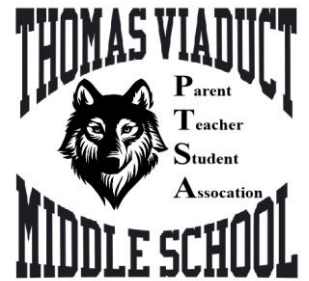


THOMAS VIADUCT MIDDLE SCHOOL PTSA, Inc.

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\$\$\$ REIMBURSEMENT REQUEST \$\$\$		
Date:		
Person Making Request:	Phone #:	
Make Check Payable to:		
Address:		
City:	State:	Zip:
Amount:	Committee Name:	
Reason for Request (Supplies, Refreshments, etc.):		
<b>Requested By:</b>	<b>Approved By:</b>	<b>Check Issued By:</b>
		<b>Check #:</b>

Please make sure to submit all original receipts with this request.