

**Elms Elementary School PTN**  
**Receipt Submission/Reimbursement Request**  
**2021- 2022 School Year**

Who Made Purchase: \_\_\_\_\_

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

Total: \_\_\_\_\_

Circle Submission Type: Receipt Submission Only      Reimbursement Requested

Make Check Out To: \_\_\_\_\_

Description of Materials Purchased:

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**Receipts and/or order forms MUST be attached**

*Please complete and leave in the PTN Lockbox – Attn: Janine Faint*