



**Villa Parent Association
Expense Reimbursement Form**

Make check payable to: _____

Committee Name _____

Room Parents include Grade/Section _____

Detail of Expenses:

Amount:

***Total amount of check requested:**

\$ _____

Your Signature _____

All check will be mailed. Please provide a mailing address:

For official use:

Check # _____

Account _____

*** All Expense Reinforcements Forms with attached receipts must be received in the Main Office by the last day of school in June. Any expenses not submitted by the last day of school will be considered a donation.**