W.T. Eich Intermediate School

1509 Sierra Gardens Drive, Roseville, CA 95661
(916) 783-5245

Parent Teacher Club

REIMBURSEMENT CLAIM FORM

***Place completed form with *original* receipts attached in PTC mailbox.**

Pay to:_____ Date submitted:_____

Items purchased	**Cost**	**Internal Use Only**	
		Acct/Dept Allocation	Date Paid/Check #
Total Amount			

I have attached **ORIGINAL** receipts and request reimbursement for these purchases.

Signature:_____