



everychild. onevoice.

RYE NECK PARENT-TEACHER-STUDENT ASSOCIATION

REQUEST FOR PTSA FUNDS

AMOUNT REQUESTED _____
(if multiple receipts,
complete page 2
worksheet):

DATE: _____

NAME OF REQUESTOR: _____

PHONE #: _____

ADDRESS: _____

COMMITTEE: _____

SCHOOL: _____

PURPOSE OF FUNDS:

Please scan all receipts and email, along with the reimbursement request to:

Melissa Heery, Treasurer
treasurer@ryeneckptsa.org
914-312-7151



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For multiple receipts, list amount requested from each receipt and total below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

TOTAL:
