



T.W. Pyle Middle School PTSA
6311 Wilson Lane
Bethesda, MD 20817

EXPENSE REIMBURSEMENT

Date: _____

Name: _____

Address: _____

E-mail: _____

Telephone Number: _____

Amount of Reimbursement/ Invoice: _____

Description of Item(s) Purchased: _____

Committee to be Charged: _____

Date Check is Required: _____

Special Instructions: _____

Your Signature: _____

Please attach all receipts/ forms related to this expense and forward to the Treasurer's envelope in the

PTSA mailbox at school or to:

**Joe Busch, Treasurer
8407 Whitman Drive
Bethesda, Maryland 20817**

Check #:	
Amount:	
Date:	

You are also welcome to contact me with any questions at jbusch@urban.org