



2141 Industrial Court, Suite C
 Vista, CA 92081
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 VistaTA.org
 760-758-2690

MEMBER EXPENSE REIMBURSEMENT

Name _____

School Site/Organization _____

Attach all supporting receipts and documents to this form and remit to the VTA Office

Date	Activity	Expense

Total due

\$ _____

Signature of requestee _____	Date _____
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Accounting Office Use Only

Approved by _____

Check # _____

All supporting reimbursement documents received and approved YES NO