

Physical Therapy Association of Georgia

1260 Winchester Parkway SE., Suite 205

Smyrna, GA 30080-6546

P: 770.433.2418 F: 770.433.2907 Email: info@ptagonline.org

Visit the website at www.ptagonline.org

Request for Reimbursement

TO BE COMPLETED BY INDIVIDUAL REQUESTING REIMBURSEMENT

Charge to PTAG:
(Number & Name)

Amount Budgeted: \$ _____

Spent To Date: \$ _____

SECTION office
expenses \$ _____

Total Available: \$ _____

Brief explanation of expenditures (attach receipts for all requests except mileage):

Note mileage @ \$.38 mile

<i>To be reimbursed, this must be completed in full:</i>	TREASURER'S USE ONLY:
<p>Total Amount Requested: _____</p> <p>Write Check To: _____</p> <p style="text-align: center;"><i>Mailing Address</i></p> <hr/> <hr/> <p>Date: _____</p> <p><i>Signature of Individual Requesting Reimbursement:</i></p> <hr/> <p>Daytime phone: _____</p>	<p>Amount Paid: \$ _____</p> <p>Check Number: _____</p> <p>Acct. Charged: _____</p> <p>Date Paid: _____</p> <p><i>Treasurer's Signature:</i></p> <hr/> <p>Date: _____</p> <p>Note: _____</p>

Mail to: Physical Therapy Association of Georgia

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