

PTA Request for Reimbursement Form ***Payment Authorization***

All Original Receipts or Invoices Must be Attached

Name of Payee/Requestor: _____ Date: _____

Phone: _____ Email: _____

Address: _____

City/Zip _____

Indicate where check should be sent (check one):

Mail to Address Above Put in my box at school Other Instructions below:

- Submit this completed form with the original invoice/receipt(s) to the Treasurer.
- Payment requests need to be turned in within 30 days of expenditure.
- You must cash reimbursement checks within 60 days of check issued date to assure payment.
- A copy of this form and original receipt/invoice must be in the Treasurer's records.

Date of Expense	List Expenditures & Approved Budget Line Item Provide Invoice Number (If Any)	Amount
Total Reimbursement Claimed:		

APPROVED: President's Signature: _____ Date: _____

Treasurer's Use Only		
Check Date:	Check #	Amount:
Mthly Statement/Check Cleared:		Budget Updated: