PTA Request for Reimbursement Form Payment Authorization

All Original Receipts or Invoices Must be Attached

Name of Payee/Requestor:			Date:		
Phone: Email:					
Indicate when	e check should be sen	t (check one):			
☐ Mail to Address Above ☐ Put in my box at school ☐ Other Instructions below:					
Payment iYou must	requests need to be turn cash reimbursement	th the original invoice/receipt(somed in within 30 days of expendences within 60 days of check all receipt/invoice must be in the	liture. issued date to assure p	oayment.	
Date of List Expenditures & Approved Budge Expense Provide Invoice Number (If			e Item	Amount	
Total Reimbursement Claimed:					
APPROVED: President's Signature:				_	
Treasurer's	Use Only				
_		Charle #	Amorret		
Check Date:		Check #	Amount:	ιι.	
Mthly Statement/Check Cleared: Budg			Budget Updated	l:	