



Payment Authorization/Request for Reimbursement Form

Reimbursement information:

Date: _____ Amount: _____

Name (Requestor): _____ Telephone: _____

Address: _____ Email: _____

Event or Assignment: _____

Date of Event: _____

Date Approved in Minutes: _____

Check to:

Name of Person/Company: _____

Address: _____

Telephone: _____ Email: _____

Delivery instructions: _____

Approved by:

PTA President's Signature

PTA Treasurer's signature

****** Payments and/or reimbursement checks will be issued on the 1st and 3rd Tuesday of each month. In order to receive timely payment and/or reimbursement, please complete and remit this form by Friday and leave in the Treasurer's mailbox located in the office. Thank you.******

FOR PTA TREASURER USE ONLY:

Budget Category: _____ Membership-approved activity: _____ Board-approved expense: _____

Check No.: _____ Date: _____ Amount: _____