Please indicate where reimbursement should be sent

_____ Mail to my home

_____ Leave in the PTA Drawer at School

_____ Other: _____

PTA REQUISITION FOR PAYMENT FORM

Date _____

Requested by: _____ Email: _____

Address _____

City Zip

Phone _____ **Amount Requested:** _____

_____ Request Reimbursement OR _____ Request Payment of Invoice to:

_____

_____

_____

ITEMIZE EXPENSES BELOW (submit additional copies if needed)

Budget Line Item	Purpose of Expense	Amount	Total

*Receipts and/or invoices are required before payment can be made. Please attach.

Authorized by: _____ Date _____

President's Signature

FOR TREASURER'S USE ONLY

Check Number _____ Date Paid: _____

Other Information _____

Treasurer's Signature: _____ Date: _____