

Request for Payment or Reimbursement

Date Requested: ___/___/___

Budget Category: _____

Description of Expense:

Payee: _____

Telephone: (____) _____

Mailing Address: _____

Delivery Instructions: Mail ___ PTA Box : ___ PCR Office: ___

Amount Requested: \$ _____

Person Requesting Check: _____

PTA Position/PCR Position
of Person Requesting Check: _____

Bill and/or Receipts must be attached.

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Requestor: please leave space below blank

Date Approved in Minutes: ___/___/___

President's Signature

Recording Secretary's or Financial Secretary's Signature

Amount Paid: \$ _____ Budget Remaining: \$ _____

Date Paid: ___/___/___

Check Number: _____