

Terminal Park PTA

REQUEST FOR REIMBURSEMENT or BILL PAYMENT

Please attach receipt(s) or invoice(s) to this form. No reimbursement or payment can be made without either a receipt for an expenditure incurred or an invoice to be paid directly to a vendor.

Be sure to keep a copy of form/attachments for your committee records.

Name: _____

Date of Request: _____

Date Needed: _____

I am requesting: ☐ Reimbursement
☐ Bill Payment

Payable to: _____
(if different than person requesting)

Amount Requested: \$ _____

Committee: _____

Purpose: _____

How do you want your reimbursement returned to you?

☐ Put it in the PTA Box

☐ I'll pick it up at the next PTA meeting

☐ Other. Explain _____

Signature of Person Requesting:

Committee Chair:

FOR TREASURER'S USE ONLY

Date Received: _____

Date Issued: _____

Reimbursement Made To: _____

Check Number: _____

Budget Line Item: _____

Check Amount: \$ _____

Treasurer's Signature: _____

Comments: _____

