

Pine Valley Middle School PTA



Request for Reimbursement/Payment Authorization

(Receipts/invoices must be attached to all requests)

Payable To: _____

Total Amount

\$

Deliver Check to Requestor OR Mail to Address Below

Address: _____

Date	Budget Category	Explanation	Amount
		Total	

Notes

Requested By _____

Required Signatures:

President _____

Recording Secretary _____

Treasurer's Use Only

Check # _____

Date paid _____

Initials _____