

EVERETT PTSA COUNCIL

REIMBURSEMENT / PAYMENT REQUEST

This form enables the Treasurer to pay expenses correctly and is a record of our expenditures.
It protects all of us, and must be completed for **all** payment requests.

Attach **original** invoices or receipts. (REQUIRED FOR PAYMENT)
(Please do not include any personal expenses on a receipt being reimbursed by the PTA)

Activity (Budget Account): _____

Amount of Purchase: _____

Description of Expense: _____

Make Check Payable To: _____

Email or Phone #: _____

Method of receiving check:

Next Meeting

Mail: _____

Requested by: _____ Date Requested: _____

PTSA President or Vice President Authorization Required:

(person being reimbursed CAN NOT sign this authorization--must be someone NOT receiving funds)

Authorized by (Print): _____

Authorized by (Signature): _____

Date Authorized: _____

For Treasurer Use:

Check # _____

Date Paid: _____

Enter in Money Minder _____