

ELK PLAIN SCHOOL OF CHOICE PTA

 REIMBURSEMENT or **PAYMENT REQUEST FORM**

DATE: _____ AMOUNT OF REQUEST: _____

PAYMENT MADE OUT TO: _____

PERSON REQUESTING PAYMENT: _____

PHONE: _____

COMMITTEE & LINE #: _____

REIMBURSEMENT/PAYMENT FOR: _____

Check delivered by: child's backpack in person (when _____)

 by mail (address: _____)

SIGNATURE: _____

Attach all receipt(s) and return to PTA Treasurer or place in the PTA mailbox.

For office use only.

Date: _____

APPROVED / NOT APPROVED

COMMENTS: _____

CHECK NUMBER: _____

AMOUNT: _____

BUDGET LINE ITEM #: _____