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Request for Payment/Reimbursement

JLS PTA, 2017-2018

Requestor Name:
Phone Number:
E-mail:
Address:

Date:

Total Amount:

Notes:

Expenditure Details

Description	Budget Category (if known)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total:		<input type="text"/>

Requested Action:

Reimburse me

Pay vendor directly

Questions? Contact Karrie Chen, JLS PTA Treasurer, karrie.chen@gmail.com

Treasurer's Notes

Payment approved by:

_____ JLS PTA President/Date

_____ JLS PTA Secretary/Date

Date: Check#: Payee:

check received: _____