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Request for Payment/Reimbursement

JLS PTA, 2018-2019

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:			\$0.00

Requested Action: Reimburse me Pay vendor directly

Questions? Contact Maria Derrick, JLS PTA Treasurer, wesderrick@mindspring.com

Treasurer's Notes

Payment approved by: _____ JLS PTA President/Date _____ JLS PTA Secretary/Date

Date: Check#: Payee:

check received: _____