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Request for Payment/Reimbursement

JLS PTA, 2019-2020

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:	

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: _____
