



England Elementary PTA Reimbursement/Payment Request Form



Check One:

Reimbursement (original receipts attached)

Payment (invoice attached)

Date: _____

Person Requesting check: _____ **Title:** _____
(i.e., teacher, librarian, homeroom parent)

Email: _____ **Phone:** _____

Child's name: _____ **Child's teacher:** _____
(if applicable) (if applicable)

Make check payable to: _____ **Address (if mailed):** _____

Event(s): _____

PTA does NOT reimburse for sales tax

Item Description	Place of Purchase	Amount
Total Reimbursement/Payment:		

Remarks:

Signature: _____

PTA officer use:
Date Paid: _____ Check #: _____ Amount: _____

Budget Category: _____ Treasurer's Signature: _____