

Check #:

Date Paid:

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FOR TREASURER USE ONLY

Request for Reimbursement or Payment

2025-2026 School Year

Make check payable to: _____

In the amount of: \$ _____ Date submitted: ____/____/____

Receipts must be submitted with this form.

Any requests without receipts must be approved by the executive board at their next meeting and will be delayed.

Please be sure to fill in the exact name of the committee or budget line so that the expense can be recorded correctly.

Committee or Budget Line	Receipt/Invoice From (Walmart, etc)	Description of Expense or Items Purchased (craft, prizes, snacks, etc)	Amount
TOTAL			\$

Comments:

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Signature of person requesting reimbursement or payment

(Phone #)

Please submit this form with receipts to the PTA Treasurer or drop off in the office to be placed in the PTA mailbox. If you would like to receive a check more quickly, please contact Jaci Candelario, Treasurer, at jacicandelario@hotmail.com. Reimbursement checks will be written and provided to the person requesting in a timely manner.

PLEASE STAPLE RECEIPT(S) TO THIS FORM.