

## Payment Authorization/Request for Reimbursement

All requests for reimbursement must have a receipt submitted

### Requester Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail check to this address?    Yes            No

If no, please indicate where check should be sent or other pick up request:

\_\_\_\_\_

\_\_\_\_\_

### Expense Details:

Expenditure was for: \_\_\_\_\_

List Expenditures:    \_\_\_\_\_            \$ \_\_\_\_\_

\_\_\_\_\_            \$ \_\_\_\_\_

\_\_\_\_\_            \$ \_\_\_\_\_

\_\_\_\_\_            \$ \_\_\_\_\_

Total:            \$ \_\_\_\_\_

### Submission Instructions:

Submit this form along with your receipts directly to the PTA Treasurer, Regan Clawson at [clawsonre@sbcglobal.net](mailto:clawsonre@sbcglobal.net).