



## Payment Authorization/Request For Reimbursement

Funds Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of request:

- Reimbursement  
(Staple receipts to the back of this form)
- Pre-Issue Check  
(PTSA will need a receipt)
- Order Form or Bill  
(Staple PTSA copy to the back of this form)

Distribution Instructions: Circle One

Return to the Requestor

Forward to the Payee

Mail to payee \_\_\_\_\_  
(Address) \_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

For \_\_\_\_\_

Event/Committee: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_

PTSA President Signature \_\_\_\_\_ Date \_\_\_\_\_

PTSA Financial Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Check#

PTSA Treasurer Signature \_\_\_\_\_ Date Issued \_\_\_\_\_

Budget Category \_\_\_\_\_