



Authorization for Reimbursement

Payable to: _____

Date: _____

Purchased for what/which PTA sponsored event(s):

Event Description:

1	Amount Requested	_____	_____
2	Amount Requested	_____	_____
3	Amount Requested	_____	_____
4	Amount Requested	_____	_____
5	Amount Requested	_____	_____

Total Reimbursement Due: _____

Requested by: _____

Approved by:	Treasurer	Justine Sands	_____
	President	Kristen Guilfoyle	_____

Please note that all receipts or invoices **MUST BE** attached to this form in order to receive a reimbursement or have an invoice paid. No payments will be made to anyone without the proper documentation.