

**SPRINGER PTA
REQUEST FOR REIMBURSEMENT &
PAYMENT AUTHORIZATION FORM**

SUBMITTED BY: _____ DATE: _____

MAKE CHECK PAYABLE TO: _____

MAIL TO ADDRESS: _____ City _____ Zip _____

TELEPHONE: (_____) _____

PURPOSE OF EXPENSE: _____

COMMITTEE/ACTIVITY: _____

DETAIL OF EXPENSES (ATTACH RECEIPTS)	DATE	AMOUNT
1.		
2.		
3.		
4.		
5.		
6.		
TOTAL		

Invoice Attached

Receipt Attached

SIGNATURE: _____

PAYMENT AUTHORIZATION - FOR PTA USE ONLY

- Membership-approved activity – 9/9/08
 Executive Board-approved expenditure – 9/9/08
 Funds released by membership – 9/9/08

APPROVED BY:

 President's Signature

 Secretary's Signature

TREASURER USE ONLY:

DATE PAID: _____ CHECK #: _____ AMOUNT : \$ _____