**Wyatt Elementary PTA**

**Payment / Reimbursement Request**

**Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget items to be charged:**

**Budget name: Description/vendor: Amount:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Payment total: \_\_\_\_\_\_\_\_\_\_\_\_\_**

* **No sales tax will be reimbursed**
* **Please attach ORIGINAL receipts**

**Plan Of Work on file? Yes / No Date of POW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check one:**

**\_\_\_\_\_\_\_\_\_\_ I will pick up check in PTA folder.**

**\_\_\_\_\_\_\_\_\_\_ Please mail check to:**

**\_\_\_\_ vendor OR \_\_\_\_ yourself.**

|  |
| --- |
| **For Treasurer’s Use:**  **Invoice received: \_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Invoice approved: \_\_\_\_\_\_\_\_\_ Check amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Invoice paid: \_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Pink: Requester Yellow & White: Treasurer