



## Authorization for Reimbursement

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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	Elaina Lavallee	
	President	Jamie DiLorenzo	

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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.