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 Elaina Lavallee _____

President Stephanie Robidoux _____

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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.