

Check: _____
Amount: _____
Date: _____

Hillcrest PTA – Payment / Reimbursement Request Form

Instructions: Please attach receipts to this form, fill in the information below, and receive written approval for reimbursement from your committee chair, if applicable. For a check to be mailed to you or a vendor, please include a self-addressed, stamped envelope (legal size).

Date Submitted: _____

Requestor's Name: _____

Contact Phone Number: _____

Amount Requested: _____

Budget Categories and Amounts for Each Category: _____

Reason for Request: _____

Make Check Payable To: _____

Check Delivery Instructions: _____

If applicable, obtain written approval for this reimbursement from PTA member with budget accountability. Authorizing Signature: _____

Authorizing Name (print): _____ Title: _____

PTA President's Signature: _____
PTA Secretary's Signature: _____