

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 or the PTA President.

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: _____

Note: Please provide a self-addressed-stamped envelope for delivery other than to Hillcrest

PTA Officer Approval: _____

PTA Treasurer's Signature: _____