

# Request for Payment or Reimbursement PCY PTA

Today's Date: \_\_\_\_\_ Total amount requested: \$ \_\_\_\_\_

Person submitting request: \_\_\_\_\_ Phone: \_\_\_\_\_

**Budget Expense category:**

_____	Administrative Expenses	_____	Enrichment Expenses
_____	Council Expenses	_____	Fundraising Expenses
_____	Hospitality Expenses	_____	Program Expenses
_____	School Expenses	_____	Restricted Funds
_____	Unallocated Reserves (date approved _____)		
_____	Emergency Reserves (date approved _____)		

**Budget Expense Sub-category:**

\_\_\_\_\_  
(Refer to the copy of the budget in the PTA box in the office or ask your Chairperson.)

**Who should the check be made out to?**

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

**Delivery Instructions:** Mail \_\_\_\_\_ Other \_\_\_\_\_

**ALL REQUESTS MUST BE SUBMITTED WITHIN 2 WEEKS OF THE EVENT.  
PLEASE ATTACH INVOICES OR RECEIPTS**

\_\_\_\_\_

All requests must be accompanied by original invoices or receipts and be approved by the PTA Treasurer. Please make sure all requests are within budget. Feel free to check with the Treasurer for an updated balance on any budget category/sub-category. If your request exceeds the approved budget or is not budgeted, approval from the Association/President is required.

**APPROVED BY:**

PCY PTA Treasurer (required): \_\_\_\_\_

PCY PTA President (if needed): \_\_\_\_\_

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_