

**12th District PTA**

**Payment Authorization/Request for Reimbursement**

(Attach all receipts to this statement. Keep copies for your records)

Requested By: PTA Position:

Phone: E-mail:

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY/EVENT** | **Date of Expenditure** | **Amount of Expenditure** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **TOTAL AMOUNT REQUESTED** | | **$** |

**Invoice and/or receipt MUST be attached:** ❒ Invoice attached ❒ Receipt attached

Make Check Payable to:

Address: City: Zip:

**Please send requests to: Michelle Dearman, 12th District Treasurer**

**1676 Agnew Street**

**Simi Valley, CA 93065**

**Questions? Email: mdearmanpta@gmail.com**

**Phone: (805) 404-3801**

Signature of Person Making Request: Date:

**For 12th District PTA Treasurer Use Only**

❒ Membership-approved activity ❒ Funds released by membership

❒ Executive Board-approved expenditure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Exp Amount** | **Amount Advanced** | **Amount Due** | **Check #** | **Date Paid** |
|  |  |  |  |  |  |

President’s Signature: Date:

Date Approved in Minutes: Secretary’s Signature: