

PAYMENT REQUEST FORM FOR PARENTS ASSOC. EVENTS

CHECK REQUISITION and/or REIMBURSEMENT REQUEST

(Please fill out and give to Parents Assoc. Treasurer for approval)

Please **attach** all invoices, purchase orders, receipts, etc...
Validate by **signing them**.

PAYMENTS TO OTHERS (CHECK REQUEST)

CHECK REQUESTED BY: _____

DATE CHECK NEEDED: _____

CHECK MADE PAYABLE TO: _____

CHECK AMOUNT: \$ _____

REASON CHECK IS NEEDED: _____

REIMBURSEMENTS TO YOU

TO BE REIMBURSED TO: _____

DATE REIMBURSEMENT NEEDED: _____

REIMBURSEMENT AMOUNT: \$ _____ LEVEL: _____

REASON FOR REIMBURSEMENT: _____

PARENTS ASSOC. TREASURER SIGNATURE _____

FORM MUST BE SUBMITTED WITHIN 30 DAYS OF THE EVENT