

# Request for Payment / Expense Reimbursement

## Skyline High School PTSA 2.6.70

**INSTRUCTIONS:** Please complete all unshaded portions of form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items. Form must be signed by the requesting staff person, the appropriate PTSA Committee Chair, or a member of the PTSA Executive Board. Place completed form and supporting documents in the PTSA Treasurer's inbox in the school office. Incomplete forms and those lacking necessary documentation will be returned. Reimbursements by check will be placed in the staff person's mailbox or mailed if a self-addressed, stamped envelope is provided. If you need assistance or have questions, please contact the PTSA Treasurer.

### Detail of Expense

Budget category: \_\_\_\_\_ Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Phone number: \_\_\_\_\_ Total amount: \_\_\_\_\_

Items or programs to be reimbursed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Method of Payment

- Pay attached bill
- Reimburse me (check left at school)
- Reimburse me (check mailed; enclose self-addressed, stamped envelope)
- Other (please describe): \_\_\_\_\_

### Special Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Committee Chair Signature

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PTSA Treasurer's Use Only

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_