

Covington School PTA

Request for Payment/Reimbursement

Please attach receipts/invoices to the back of this form and place in the PTA Treasurer's folder at the school office. Keep a copy of completed form and all receipts for your records. If you have questions about the reimbursement process or the status of your request, contact Julie Altinger at jaltinger@yahoo.com

_____ Reimbursement _____ Check to Vendor

Submitter's Name _____ Date _____

Submitter's E-mail _____ Phone _____

Date	Purpose of Expense	Description	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Check made payable to: _____ Total: _____

Mailing Address or Staff Box: _____

For PTA Committee/Classroom Party Expenses:

Committee /Grade _____ Chair /Lead Teacher Signature _____

(Executive Board's Use Only)

President/EVP Signature

Secretary Signature

Category _____

Authorization Date _____

Check # _____

Check Date _____