

Crocker Highlands PTA
Request for Payment / Reimbursement

Attach Invoice or Receipt

Date		Requested By	
Amount of Reimbursement	\$	Telephone	
Event/Activity			
Please issue payment to: (name and address)			
PAYMENT AUTHORIZATION			
Fundraising/Event Chairperson		Budget Category	
Board Approval	Amount	Financial Secretary	
PTA President			
TREASURER'S USE			
Check Number		Date	