

MARIPOSA PTA AUTHORIZATION FOR PAYMENT

Request for Reimbursement of PTA Expenses

(Complete in ink and retain a copy for your files)

A completed copy of this form with attached original receipts must be submitted to the Treasurer within 30 days of purchase in order to be reimbursed for expenses. Checks not cashed within 60 days will be void.

Date Submitted: _____

Your Name: _____ **Phone:** _____

Committee Name: _____

Vendor (Store Name): _____

Description of Purchase: _____

Check Written to: _____

Total Check Amount: _____

Signature of Requestor: _____

Submit voucher by Friday prior to monthly PTA Meeting – Checks ready after meeting

TREASURER SECTION

Budget Line Item: _____

Paid by Check #: _____ Dated: _____

Method of Delivery: _____

President's Signature: _____

Secretary's Signature: _____

Treasurer's Signature: _____