

**Ashland Elementary Reimbursement Form
Authorization for Payment**



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Office Use Only:

Check #: _____

Check Date: _____

Amount Paid: _____

Account: _____

****DOCUMENTATION/RECEIPTS/INVOICES MUST BE ATTACHED****

Check To Be Paid To: _____

Address: _____

Phone Number: _____

Email Address: _____

PURPOSE OF PAYMENT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

TOTAL REQUESTED \$ _____

Requested

By: _____ TITLE: _____

Date

Requested: _____

Approved By: _____ PTA PRESIDENT

Date: _____