ARROYO VISTA PTA
PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Payable to: _____ Date: _____

Requested By: _____ Phone: _____

Address (for mailing)_____ Date needed: _____

_____

Event Description/Budget Category: _____ Invoice # _____

(If your invoice reflects more than one event/budget category, please identify each and amount that should be deducted from each.)

_____ $_____ _____ $_____

_____ $_____ _____ $_____

(Original Receipts must be attached)

Item	Place of Purchase	Amount
	Total:	

Chairman's Authorization: _____

President's Signature: _____ Date: _____

Date Approved in Minutes: _____ Secretary's Signature: _____

Signature of Check Signer if other than President: _____

Treasurer's Notes:

Date Invoice Received:_____ Recorded in PTAEZ: _____

Funds Released for Payment: _____

Date Approved:_____ Paid: _____ Other Comments:

Check Number: _____

Amount of Check: _____