# Elsa England Elementary PTA
# Reimbursement / Payment Request Form

**Instructions: Please fill out the form below. Email the completed form and image of your receipt to EnglandPTATreasurer@gmail.com for reimbursement processing.**

**Date**: _____

**Check One**: □ Reimbursement (original receipts attached) □ Payment (invoice attached)

**Person requesting check**: _____

**Title**: _____ (i.e., teacher, librarian, homeroom parent)

**Email**: _____ **Phone**: _____ _____

**Child's name**: _____ (if applicable)

**Child's teacher**: _____ (if applicable)

**Make check payable to**: _____

**Address (if mailed)**: _____

**Event(s)**: _____

**PTA does NOT reimburse for sales tax**

| Item Description | Place of Purchase | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total Reimbursement/Payment:** | | |

**Remarks**: _____

**Signature**: _____

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***PTA officer use:***
***Date Paid:*** _____
***Check #:*** _____
***Amount:*** _____

***Budget Category:*** _____

***Treasurer's Signature:*** _____