

Request for Payment/Reimbursement

Purpose:

Use this form to request payments to a) vendors and b) reimburse expenses incurred

Instructions:

- Use separate forms for each Event/Category within the PTSA board-approved budget
- Attach **original** receipts or vendor invoices to this form
- For "cash box" starter cash, the Event/Category is "Event XX – CASH BOX". A check will be issued to the person responsible for stocking the box.

Note: Only completed and signed forms with original receipts/invoices submitted to the BMDL-PTSA Treasurer within 30 days of the receipt/invoice/event date will be reimbursed.

Date: _____ Date Required: _____

Requested By: _____ Email/Phone: _____

Pay to: _____ Amount: \$ _____

Event/Category: _____

Items or Services Purchased: _____

Check Delivery:

Staff or PTSA Reimbursement Mailbox (Please specify): _____

By Mail (Full Address): _____

Any questions, please contact PTSA Treasurer
treasurer@bmdl-pts.org

BMDL PTSA use only:
Approved by 2 PTSA Officers:

1. _____ Date: _____

2. _____ Date: _____

Category _____ Check # _____ Pd Amt _____ Date _____ Logged _____