

# Mount View Middle School PTA Payment/Reimbursement Request Form

Date:		Total Amount Requested:	\$
Requestor Name:			
Payable to:			
Budget Category:		Total # Receipts:	

Itemized Expenses	
Retailer/ Item(s) Description/ Comments	Amount
<b>TOTAL AMOUNT REQUESTED:</b>	<b>\$</b>

Sent disbursement via:	
<input type="checkbox"/> Mail	Mailing Address:
	Mailing City, State, Zip:
<input type="checkbox"/> Home w/student	Student Name:
	NEST Teacher:
<input type="checkbox"/> Other	Specify:
*Staff disbursements will be placed in staff mailbox	

Provide documents/receipts to PTA Committee Chair or President for approval of purchase.

Requestor Signature: \_\_\_\_\_

PTA Committee Chair or President Signature: \_\_\_\_\_

PTA Treasurer Use Only			
Check Date:		Check Number:	
Budget Line Reference:			
Notes:			

Treasurer Signature: \_\_\_\_\_