



# Ranch Creek PTA

## Payment Authorization and Request for Reimbursement

**ALL Receipts MUST be attached for a check to be disbursed**

Name: \_\_\_\_\_

PTA Position, if any: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check made out to: \_\_\_\_\_

Event / Activity expenditure was for: \_\_\_\_\_

List of Expenditures: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Spent \$ \_\_\_\_\_

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

FOR PTA Use:

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Line Item: \_\_\_\_\_

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