

DuFief Elementary School PTA
Request for payment / Reimbursement

Date: _____

Amount: _____

Name / Address: _____

Description of Expense:

PTA Budget Category: _____

Check made payable to: _____

Payment disposition: (please check one)

_____ U.S. Mail

_____ Requester's PTA Mail Folder (in copy room)

_____ Call for pickup – phone number _____

*** NOTE: All payment / reimbursement requests must include receipts, invoices, statements or other support documents.