Frank S. Greene Jr Middle School PTA

Payment Authorization/Request for Reimbursement

Submit All Receipts with this Request

Requester Name

Email

PTA Role/Committee

Phone Number (10-digits, no hyphen, no spaces)

Payee Name

Payee Email

Street Address

Payee Phone Number (10-digits, no hyphen, no spaces)

City

PayPal

Payment Method: PayPal, Zelle,Check or ACH

State

Zip

ePayment Account Email or Phone Number

Instructions

- Ensure all receipts are clearly scanned: dated, legible and marked appropriately if there are multiple receipts
- Scan all receipts and documentation, grouping receipts whenever possible to minimize the number of scans
- Complete the expense summary below; show advances as negative numbers
- Sign completed form and 'Save As' PDF with a new filename
- Attach completed form and all supporting documents in your email to the GPTA Treasurer: **GreenePTATreasurer@gmail.com**

Budget Line Item	Description	Amount
-		
-		
-		
-		
-		
-		
-		
-		
-		

Total: $ 0.00

Advance Recived (show as a negative number):

Reimbursement Claim: $ 0.00

Refund to PTA (enclose check):

Requester Signature

VP/Committee Chair Signature

Date

Date

For Treasurer Use

Date approved in Minutes

Secretary Signature

President/EVP Signature

Secondary Check Signer

Check or Transaction Number

Payment Amount

Transaction Date

Treasurer/Assistant Treasurer Completion Signature