

FRANKS. 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	Payment Method: PayPal, Zelle, Check or ACH
State	ePayment Account Email or Phone Number
Zip	

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: _____

Advance Recived (show as a negative number): _____

Reimbursement Claim: _____

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