



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Attach all ORIGINAL receipts to this form and submit to the PTSA box in the office, or scan and e-mail to smstreasurer1080@gmail.com

| | | |
|--------------------------------|---|----|
| Requestor Information | Name | |
| | Email | |
| | Phone | |
| Expenditure Information | Amount | \$ |
| | Description | |
| | Budget Line <small>(e.g. teacher grant, dept program)</small> | |
| Check Information | Payable to | |
| | Mailing address | |
| Check Delivery | <input type="checkbox"/> Place in Teacher / Staff box <input type="checkbox"/> Mail to address above <input type="checkbox"/> Other _____ | |

Requestor's Signature: _____ **Date:** _____

Department Chair Approval: _____

***** For PTSA Use Only *****

| | |
|-------------------------|--|
| Check Number | |
| Expense Category | |

Approval: Secretary Signature: _____

President or VP Signature: _____