

MAY WATTS ELEMENTARY SCHOOL PTA  
REIMBURSEMENT/PAYMENT FORM

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PTA Budget Line** (see back for list): \_\_\_\_\_

Name of Person Requesting Payment: \_\_\_\_\_

E-mail Address (for questions and/or confirmation): \_\_\_\_\_

**Make Check Payable to:** \_\_\_\_\_

**Check One:**

Mail to address: \_\_\_\_\_

Deliver via Backpack Mail: (confirmation email will be sent when check is sent home)

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Other (Please Specify): \_\_\_\_\_

Description of expenses: \_\_\_\_\_

**Attach all receipts/invoices** (use back if necessary):

Purchase Place:	Item(s):	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total: \$ _____

Signature of Committee Chair: \_\_\_\_\_

Signature of Standing Chair: \_\_\_\_\_

**BOTH SIGNATURES MUST BE PRESENT BEFORE FORM IS SUBMITTED**

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_