

# DOGWOOD ELEMENTARY PTA

## Request For Reimbursement or Payment to Vender

Make Check Payable to: \_\_\_\_\_  
(Please Print)

Committee Budget to Charge: \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Signature)

Approved By: \_\_\_\_\_  
(Signature & Board Position)                      Date

Authorization Policy: <u>If Requested by</u>	<u>It must be Approved by</u>
Committee Member	Committee Chairperson
Committee Chairperson	President
Executive Officer	President
President	Vice President

Items purchased/Purpose used for:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount to be Reimbursed \_\_\_\_\_

**\*\*\*\*\*Please Attach Receipts to the Back of This Form\*\*\*\*\***

Treasurer: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_