

# Payment Request Form

## Roberta Wright Rylander Elementary PTA

(Use to request reimbursement of expenses – for items purchased or services rendered)

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

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Return to Requestor: \_\_\_\_\_ or Mail to Payee: \_\_\_\_\_

Budget Category to be debited: \_\_\_\_\_

Description of Expenses Incurred, Items Purchased or Services Rendered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: \_\_\_\_\_  
(Budget Chair, Vice President or President)

\*\*\*\*\*SALES TAX WILL NOT BE REIMBURSED\*\*\*\*\*

**IMPORTANT**  
**INVOICE OR RECEIPT MUST BE ATTACHED**

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Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_