

DA VINCI PTSA REQUEST FOR PAYMENT

Please use this form when requesting payment or reimbursement of expenses for PTSA approved items*. Attach an original receipt or invoice to this form.

If you have questions about what is available in the budget or the approval/payment process, contact the president, Don Gavitte at gavitefor42@gmail.com, or treasurer, Mary Bradshaw at g3b1@me.com or direct general PTSA correspondence to davinciptsa@gmail.com.

Make payable to: _____

Amount of payment \$ _____ Date payment is needed _____

Payment should be: __ mailed __ left at school __ other _____

Mailing address: _____

Ma

Requested by: _____

Phone # or email: _____ Date submitted: _____

Budget category: _____

Notes (*if additional information is necessary*):

* PTSA funds are intended for materials, supports and supplies to enrich educational experiences for students. Please do not request reimbursement for candy, junk food or parties.

Date Received _____	Payment pre-approved? _____
Treasurer approval _____	Date _____
Budget Category _____	Second signature _____
Check # _____	Budget remaining _____