

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.

If you have questions about pre-approval, balances available or or the payment process, contact davinciptsa@gmail.com (all officers).

Make check payable to: _____

Amount of payment \$ _____ Date payment is needed _____

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

Mailing address: _____

Reason for payment: _____

Requested by: _____

Phone # or email: _____ Date submitted: _____

Budget category: _____

Notes (if additional information is necessary):

Date Received _____ Payment pre-approved? _____

Treasurer approval _____ Date _____ Second signature _____

Budget Category _____

Check # _____ Budget remaining _____

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