

PLEASE DO NOT STAPLE RECEIPTS IN THIS AREA.
THANK YOU!

BEN FRANKLIN PTA
REQUEST FOR PAYMENT
2016-2017



Submit this request for payment to your board representative for their signature, and deliver to the PTA office treasurer inbox. Please allow up to 2 weeks for processing.

Reimbursements cannot be made without original receipts or if the amount exceeds the balance of the committee budget. Please turn your receipts in no more than 45 days after the date of purchase. All reimbursements must be turned in by the end of the fiscal year, June 30th.

Q's? Maryan Hakimian, 206-981-7630 or email: treasurer@mybenfranklinpta.org

Date: _____ Receipt attached Invoice attached Amount: _____

Name: _____ phone/email: _____

Make Check Payable to: _____

Budget Committee/Category: _____

Explanation of Expenses: _____

- PTA office pickup (will be on corkboard)
- Mail check (for Kidmail, include child's name/class): _____

Signature: _____ Board Rep? **YES / No**

If NO, Board Representative Signature _____

For Treasurer Use Only
Check # _____
Date _____
Amount \$ _____
Initials _____
-- OR -- attach duplicate check