



Payment Authorization/  
Request for Reimbursement Form

Make check Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

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

Event/Budget Line:	Purpose/Description:	Amount
		\$
<b>Please attach bills or receipts.</b>	Sub-Total	\$
	Minus Advance Received	\$
	Minus Donation to DRMS PTSA	\$
	Total Due <Refunded to DRMS PSTA>	\$

Requestor's Signature: \_\_\_\_\_

Requestor's printed name: \_\_\_\_\_ PTA Position: \_\_\_\_\_  
(if applicable)

For Treasurer use:

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_ Date Recorded in Minutes: \_\_\_\_\_

- Membership Approved Activity    
  Funds Released by membership    
  Executive Board-approved expenditure

Auditor Reviewed	Treasurer initials	Check Number	Date Paid	Amount Paid
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