

HES PTA Payment Request Form

Your Name: _____

Please make check out to (if not you): _____

Requested Amount: _____

Is this payment: Direct Invoice Payment OR Reimbursement

PTA Event or Activity:

Please deduct this reimbursement from the line item indicated below:

<input type="checkbox"/> Book Fair	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Communications	<input type="checkbox"/> Read-A-Thon
<input type="checkbox"/> Community Funding	<input type="checkbox"/> Social
<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> PTA School Supply Allotments
<input type="checkbox"/> Grounds and Nature Committee	<input type="checkbox"/> Yearbook

*Please attach invoices or receipts indicating the exact amount for reimbursement to this form.
Thank you!*