

USE FOR ALL PTA Reimbursements, Invoices and Deposits

Staff/Parent Name: _____ Date: _____ Amount: _____

Budget Line Item: _____ For: _____

Reimbursement* **Invoice****

* Please attach receipt(s) or a copy
 **Please attach 2 copies of all invoices

Deposit

Checks: _____
 Cash: _____
 Loose Change: _____

Change Request
 Requests must be submitted 1 week prior to event

\$ 20 _____	\$ 0.25 _____
\$ 10 _____	\$ 0.10 _____
\$ 5 _____	\$ 0.05 _____
\$ 1 _____	\$ 0.01 _____

For Treasurer Use: _____ Amount Pd. / Deposited _____
 Budget Line Item: _____
 Split _____

 Processed by: _____ Date: _____ Check # : _____

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