



WALT DISNEY PTA



Payment Authorization/Reimbursement Form

To request reimbursement of expenses made for a WD PTA event or program, complete form and attach receipts or invoices. (If invoice must be sent with payment, please include an extra copy.) Submit completed form to President.

NAME OF REQUESTOR: _____ DATE: ____/____/____

PTA POSITION (select one): Chair / Volunteer PHONE: _____

PTA Program/Event (select one):

5th grade Celebration / Assemblies / Book Fair / Box Tops / Breakfast Book Club / Family Fun Night Hospitality / Field Day / Health & Safety / Membership / Inclusion & Diversity / Kinder Meet & Greet Parent Education / Red Ribbon Week / Reflections Run Club / Room Parents / Science Garden / Sister School Special Needs / Spirit Wear / Yearbook Appreciation / Variety Show / Welcome Coffee / Registration

OTHER :

More specific: Books / Supplies / Copy / Food / Carnival / Movie / Bingo / Game night / Incentive

CHECK PAYABLE TO: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

Amount: \$_____.

Invoice attached:

Receipt attached:

Please submit reimbursement requests within 30 days of event; no later than June 1. Allow up to 2 weeks for check disbursement.

BELOW FOR PTA OFFICIAL USE ONLY

APPROVED BY:

_____/_____/_____
President or EVP **Date**

Exec Board approved

Membership approved

Date approved in meeting minutes: ____/____/____

Amount approved for release: \$_____.

Treasurer:

Check number	Amount	Date issued
	\$	

delivered	mailed

_____/_____/_____
Secretary **Date**

