ARROYO VISTA ELEMENTARY SCHOOL PTA
GENERAL ACCOUNT
REQUEST FOR PAYMENT/REIMBURSEMENT

Email completed form and copies of invoices or receipts to AV Treasurer (treasurer@ptav.org).

CHECK PAYABLE TO:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Signature: _____

Expenditure was for: _____

All checks will be mailed unless otherwise requested.

GIVE A DESCRIPTION OF ITEM, EVENT, LOCATION.	
Description - list each receipt/invoice as 1 line item	**Total Cost**
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
TOTAL	**$ -**

PTA OFFICER'S APPROVAL		**PTA TREASURER DATA ENTRY**	
Budget Line Item		**Data Entered:**	
PTA President		**Check Number:**	
PTA Secretary		**Entered By:**	**Judy Asakura**

****No payment will be made without an attached receipt or invoice****