ARROYO VISTA ELEMENTARY SCHOOL
PTA Wish Night Fund
REQUEST FOR PAYMENT/ REIMBURSEMENT

Two options after completing this form. Option One is the preferred method:
Option One: Email completed form and scanned copies of invoices or receipts to wishnight@ptav.org Option Two: Attach receipts or invoices to completed form and place in PTA Wish Night Mailbox

CHECK PAYABLE TO:	**REQUESTED BY:**
Name: _____	**Today's Date** _____
Address: _____	**Name:** _____
City/State/Zip _____	**Signature:** _____
Phone: _____	****No signature required if sent via email.**

All checks will be placed in teacher's cubby.

GIVE A BRIEF DESCRIPTION OF ITEM			
Description (If split between classrooms, list teachers' names)	**# Teachers**	**Cost per teacher**	**Total Cost**
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		-	$ -
		TOTAL	**$ -**

PTA OFFICER'S APPROVAL		**PTA WISH NIGHT CHAIR DATA ENTRY**	
Budget Line Item		**Data Entered:**	
PTA President		**Check Number:**	
PTA Treasurer		**Entered By:**	
PTA Secretary			

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