

**SPRINGBROOK SCHOOL PTA**  
**REQUEST FOR PAYMENT / REIMBURSEMENT**

Amount of Payment Requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of person requesting payment: \_\_\_\_\_

Printed name of person requesting payment: \_\_\_\_\_

Today's date: \_\_\_\_\_

List below all items for which payment or reimbursement is requested.  
Please include an explanation where needed, including the PTA function  
this applies to.

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**PLEASE ATTACH ALL ORIGINAL RECEIPTS OR INVOICES**

Please place completed form in PTA box or the Treasurer's File

**THANK YOU!**

For Treasurer's Use Only:

Review Date

\_\_\_\_\_

Reviewed by:

\_\_\_\_\_

Check #: \_\_\_\_\_

\_\_\_\_\_