

EGAN PTA

Request for Reimbursement / Authorization for Payment Form

Make Check Payable To: _____

Mail To: _____

	Date	Description (Attach Receipts)	Purpose	Amount
1				
2				
3				
4				
TOTAL				

Submitted By: _____

Signature: _____ Date: _____

Approval Signature: _____ Secretary Date: _____

Approval Signature: _____ President Date: _____

Disbursement Signature: _____ Treasurer Date: _____