

Highlands Elementary PTA

Request for Payment or Reimbursement

Complete original receipts and invoices must be stapled neatly to this form. Any incomplete forms will be returned to the requestor, causing a delay in payment.

Payment requested by: Name: _____
 Address/Classroom #: _____
 Phone #: _____
 Email: _____

Check made payable to: (if different than person requesting payment)

I would prefer that my check be: (mark one)

- Paid electronically using Zelle (include your zelle contact information)
- Delivered to me in my classroom
- Left in my teacher mailbox in school office
- Other

Name of Budget Line: Literacy/ Class Funds/ Other *Please list each receipt separately	Basic description of items purchased	Amount requested
		\$
		\$
		\$
		\$
		\$
		\$
IRS Tax Exempt #68-014-7051	Total amount requested	\$

Signature of Requestor: _____ Date _____

Treasurer Use Only
Check # _____ Date Issued: _____
Signature of Treasurer _____

Highlands Elementary PTA
 1326 Pennsylvania Blvd. Concord, CA 94521
 treasurer@highlandselementarypta.org