

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 # _____	Signature of Treasurer _____		
Date Approved: _____	Issued: _____	PTEZ: _____	Cashed: _____

Highlands Elementary PTA
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treasurer@highlandselementarypta.org