

For Treasurer Use Only

Check #:	Date Paid:
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Benninghoven PTA
Request for Reimbursement or Payment
2026-2027 School Year

Make check payable to: _____

In the amount of: \$ _____ Date submitted: _____

Receipts must be submitted with this form!

Any requests without receipts must be approved by the executive board at their next meeting and will be delayed.
Please be sure to fill in the exact name of the committee or budget line so that the expense can be recorded correctly.

Committee or Budget Line*	Receipt/Invoice From (Walmart, Amazon, etc.)	Description of Expense or Items Purchased (craft, prizes, snacks, etc.)	Amount
* Budget Line Column Must Match a Budget Category or reimbursement will not be processed.			TOTAL

Comments:

Signature of person requesting reimbursement or payment (Phone #)

Reimbursement checks will be written and distributed by the last day of the month they are submitted. If you would like to receive a check more quickly, please contact Victor Bias, Treasurer, by emailing him at VictorBias1911@gmail.com.

PLEASE STAPLE RECEIPT(S) TO THE BACK. Do not use tape.