



Sunrise Valley PTA Reimbursement Request

Name of Requester: _____ Date: _____

Phone: _____ Email: _____

Program/Event: _____ Chairperson: _____

Description (Attach Receipts/Documentation)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____

Preferred Method of Payment (Check One)
 Check Mailing Address: _____
 PayPal PayPal Email Address: _____

Email this form and supporting documentation to Treasurer within ten days of PTA sponsored event
SVESPTATreasurer@gmail.com

PTA Administration Use Only

PTA President Approval: _____ Date: _____
Date Paid: _____ Check #: _____ PayPal Conf. #: _____