

**USE FOR ALL PTA Reimbursements, Invoices and Deposits**

Staff/Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ For: \_\_\_\_\_

**Reimbursement\***       **Invoice\*\***

\* Please attach receipt(s) or a copy  
 \*\*Please attach 2 copies of all invoices

**Deposit**

Checks: \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Loose Change: \_\_\_\_\_

**Change Request**  
 Requests must be submitted 1 week prior to event

\$ 20 _____	\$ 0.25 _____
\$ 10 _____	\$ 0.10 _____
\$ 5 _____	\$ 0.05 _____
\$ 1 _____	\$ 0.01 _____

For Treasurer Use: \_\_\_\_\_ Amount Pd. / Deposited \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Split \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # : \_\_\_\_\_

**USE FOR ALL PTA Reimbursements, Invoices and Deposits**

Staff/Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ For: \_\_\_\_\_

**Reimbursement\***       **Invoice\*\***

\* Please attach receipt(s) or a copy  
 \*\*Please attach 2 copies of all invoices

**Deposit**

Checks: \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Loose Change: \_\_\_\_\_

**Change Request**  
 Requests must be submitted 1 week prior to event

\$ 20 _____	\$ 0.25 _____
\$ 10 _____	\$ 0.10 _____
\$ 5 _____	\$ 0.05 _____
\$ 1 _____	\$ 0.01 _____

For Treasurer Use: \_\_\_\_\_ Amount Pd. / Deposited \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Split \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # : \_\_\_\_\_

**USE FOR ALL PTA Reimbursements, Invoices and Deposits**

Staff/Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ For: \_\_\_\_\_

**Reimbursement\***       **Invoice\*\***

\* Please attach receipt(s) or a copy  
 \*\*Please attach 2 copies of all invoices

**Deposit**

Checks: \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Loose Change: \_\_\_\_\_

**Change Request**  
 Requests must be submitted 1 week prior to event

\$ 20 _____	\$ 0.25 _____
\$ 10 _____	\$ 0.10 _____
\$ 5 _____	\$ 0.05 _____
\$ 1 _____	\$ 0.01 _____

For Treasurer Use: \_\_\_\_\_ Amount Pd. / Deposited \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Split \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # : \_\_\_\_\_