

**Westlake High School PTSA**  
**Payment Authorization/Request for Reimbursement**  
(Keep a copy of this form for your records.)

AMOUNT REQUESTED \$ \_\_\_\_\_

Requested By: \_\_\_\_\_ PTA Position \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Budget Category / Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

<b>List Expenditures:</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
		<b>Total Expense \$ _____</b>

**Minus Advance Received** \$ \_\_\_\_\_  
**Not Claimed - Donate to PTA** \$ \_\_\_\_\_

Invoice attached  Receipt attached  
(Invoice and/or receipt **MUST** be attached)

Signature of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

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**For PTA Treasurer Use Only**

Date Approved/Realesed in Minutes: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_