



Takoma Park MS-Parent Teacher Association
Request for Reimbursement / Payment
 (Request for reimbursement or advance payment to vendor for an upcoming event)

To: The TPMS-PTA Treasurer

From: _____

Date: _____

Please pay: _____
 (Name of person or Organization Check payable to)

Amount: \$ _____

Social Security or Tax ID #: _____

(For Organizations: Please supply this info if not already on file with the PTA)

Event / Activity/ Committee / Purpose: _____

Itemization of Expenses:

Item	Vendor	Description	Amount

Please note: All check requests must be accompanied with a receipt or an invoice.

Please mail check to the address given below:

 Signature

 Printed Name

Please give your e-mail / phone number below in case we need to contact you:

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 To be filled by PTA Treasurer below:

Amount: \$ _____ Paid by Check No: _____ Date: _____

Signature of Treasurer: _____ Printed Name: _____