



# Payment/Reimbursement Request

- Use Tax Exempt Form when making purchases intended for resale.
- **Attach all copies of receipts, purchase orders, and bills to the back of this form.** Receipts are required for PTG Financial Review and tax-reporting purposes. Payments will not be made without receipts.
- Return completed forms to the PTG Treasurer.
- Please allow two weeks for request to be received, approved, and processed for payment.

Payable to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's name: \_\_\_\_\_ Teacher: \_\_\_\_\_

- Mail check to address above     Leave check in office     Send check home with my child

## PTG PURCHASES

Please list each retailer (Office Depot, Sam's Club, etc.), a general description of the items purchased (poster board, cookies, etc.), and the total amount being submitted for payment. List each receipt separately. If this is an invoice that your Treasurer should pay directly to the merchant, please note that in the Remarks section below.

| Place of Purchase | Items        | Amount |
|-------------------|--------------|--------|
|                   |              | \$     |
|                   |              | \$     |
|                   |              | \$     |
|                   |              | \$     |
|                   | <b>Total</b> | \$     |

## PTG CATAGORIES

Please list the PTG categories or budget line items accounts to be debited (Membership, Event, Activity, Teacher Acct, Field Studies, etc.) The Committee Chairperson responsible for each budgeted account must authorize the expenditure below before the payment can be approved. The PURCHASE total above must equal the CATEGORIES total below.

| Account To Be Debited | Chairperson/PTG Board Member Signature | Amount |
|-----------------------|--|--------|
|                       |  | \$     |
|                       |  | \$     |
|                       |  | \$     |
|                       |  | \$     |
|                       | <b>Total</b>                           | \$     |

**Treasurer's Notes:**  
 Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Check number: \_\_\_\_\_  
 Check amount: \$ \_\_\_\_\_

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_