

REQUEST FOR PAYMENT/REIMBURSEMENT
NKC DISTRICT PTA
2024-2025

**Attach receipts, invoices, or other documentation to substantiate payment. Payments will not be made without documentation.*

Date: _____

Amount of Funds Requested: \$ _____

Budgeted Line Item _____

Funds to be used for _____

Make Check Payable to: _____

Address _____

City _____ State _____ Zip Code _____

**All checks are mailed directly unless you instruct otherwise.*

Check One

Reimbursement (NOTE: Requests for reimbursements must be made within 30 days from purchase to be eligible for reimbursement. No exceptions.)

Vendor Payment: Invoice/Order Number: _____ W-9: On-File or Attached

FOR TREASURER USE ONLY:

Date Received: _____ Date Paid: _____ Check #: _____

Budget Line Reference: _____

Comments: