

**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

\_\_\_\_\_  
**OFFICER PRINTED NAME**

\_\_\_\_\_  
**OFFICER SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR TREASURER USE ONLY:**

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

Budget Line Reference: \_\_\_\_\_

Comments: