



Payment/Reimbursement Request Form

Requested By: _____

Date: _____

Type of Request:

☐ Payment to vendor via Check/Credit Card ☐ Reimbursement to me via Check/PayPal

Reimbursements should be submitted no later than 10 days after the month of the expense.

If payment is needed by a specific date, please email: treasurer@springdaleparkelementary.org.

Date	Description	Receipt/Invoice Attached?	Amount
Total Amount Requested:			

Pay To: _____

Telephone: _____

Email: _____

Preferred Contact Method:

☐ Telephone ☐ Email

Check Delivery Method:

☐ Mail To: _____ or ☐ PayPal to _____

Effective June 1, 2017, checks will no longer be sent via child's backpack

Approval (*expenses must be approved by appropriate board member*):

Name: _____ Title: _____

Signature: _____ Date: _____

For treasurer's use only: Check # _____ or PayPal Date _____ Amount: _____