



Sunrise Valley PTA Reimbursement Request

Name of Requester: _____ Date: _____

Phone: _____ Email: _____

Program / Event: _____ Chairperson: _____

Description (attach receipts/documentation)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Preferred Method of Payment (check one):

Check Mailing Address: _____

PayPal PayPal Email: _____

Zelle Zelle Email: _____ Mobile #: _____

Approval

Chairperson / Board Member: _____ Date: _____

**Email this form and supporting documentation to Treasurer within 10 days
of PTA-sponsored event to SVESPTATreasurer@gmail.com.**

PTA Administration Use Only

Date Paid: _____ Check #: _____ PayPal Conf. #: _____