

PERALTA DISTRICT PTA REQUEST FOR PAYMENT

Please fill out the form with all pertinent information. Tape receipts to the back and provide the total amount.

Name: _____ Date: _____ Phone: _____

PTA Position: _____

Receipt/Invoice attached: _____ Yes _____ No, this is an advance. Receipt will come later.

Issue check to: _____ Me _____ Invoice address _____ Other (address below)

Please tape receipts to the back of the form.

<u>EXPENSES</u>	<u>AMOUNT</u>	<u>EVENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that these are legitimate PTA expenses.

Signature
TOTAL
Date Approved by Board

For Peralta Treasurer's use only

Pay to: _____ Check number: _____

Amount: _____ Budget Category: _____
 Budget Category: _____
 Budget Category: _____

Signature of President
Signature of Secretary

Per diem rates: \$10: breakfast \$12: lunch \$25: dinner Mileage rate: 45 cents a mile