

**DEMASI ELEMENTARY PTA  
REQUEST FOR PAYMENT OR REIMBURSEMENT**

Check Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Requested By: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Committee: \_\_\_\_\_ Event: \_\_\_\_\_

**ITEMIZE FULLY, SIGN & GET APPROVAL BEFORE SUBMITTING FOR PAYMENT**

DATE:	ITEMS	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL AMOUNT REQUESTED:</b>		\$

***Claimant's Signed Declaration***

*I do solemnly declare and certify under the penalties of the law, that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount herein stated is justly due and owing; and that the amount charged is a reasonable one.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Chairperson's Signature

\_\_\_\_\_  
President's Signature

For Treasurer's Use Only:

Date Paid	Check No.	Account Charged
Treasurer's Signature		