



Today's Date: _____

Date Needed: _____

PTC Payment Authorization/Reimbursement Request

For Cash Advances/Reimbursements and Check requests for product and services

Type of Request (check one): Cash advance Check advance Check reimbursement

Date of Expenditure/Event: ____/____/____ Amount: \$ _____

Name of Requester: _____ Phone: _____

Event/Explanation: _____

For check requests only

Issue check to: _____

Address: _____

_____ Phone: _____

Instructions (check one): Send to payee Return to requester Hold for pick-up

Signature of Requester: _____

Signature of Authorizer: _____

Signature of Authorizer: _____

Please attach all receipts and supporting paperwork, and highlight expenses to be reimbursed.

Below completed by PTC Treasurer

PTC Board Approval Date: _____ PTC Membership Approval Date: _____

Date Paid _____ **Check #** _____ **\$ Amount** _____ **PTC Acct#** _____