Cedar Valley Middle School PTA
Payment Request Form

Check One:

      c Request Reimbursement (original receipts attached)

      c Request Payment (invoice attached)

Date: _____

Name: _____

Street: _____

City/Zip: _____

E-mail:_____   Phone: _____

Account/Event(s):_____

Item	Place of Purchase	Amount
Total Reimbursement:		

Sales Tax Will Not Be Reimbursed

Remarks:

Received: _____

Date Paid: _____

Check #: _____

Amount: _____

Account: _____