



824 Cumberland Dr. Sunnyvale, CA 94087 Tel (408) 522-8255 Tax ID# 94-6171886

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

(Check Request) Attach all ORIGINAL receipts to this form

Requestor's Name:	
Requestor's Contact (emai	l or phone):
Expenditure Amount: Expenditure Description:	
Check Instructions:	OPlace in teacher/staff box OMail to vendor address (above) Other:
Requestor's Signature:	Date:
	l:
*****For PTA Use Only *****	
Check Number: Expense Category:	
Secretary's Signature:	
President's or EVP's Signatur	e: