



Dak-8 PTSA Request for Payment Reimbursement Form



10501 SW 122 Ave, Miami, FL 33186
305-274-7100

PAY TO: _____ Date: _____

please retain copy for your records

CATEGORY/ACTIVITY: _____

DESCRIPTION OF ITEM(S): _____

ADDITIONAL INFORMATION: _____

AMOUNT: _____ Receipt Attached: YES / NO

Send Payment by: TEACHERS MAILBOX: OFFICE PICK UP US Mail

If by mail please provide mailing address: _____

Name of person completing form: _____

Signature of person completing form: _____

- Submit this completed form with the original invoice/receipt(s) to the Treasurer.
- ALL REIMBURSEMENTS MUST HAVE RECEIPT OR INVOICES.**
- Payment requests need to be turned in within 30 days of expenditure.
- You must cash reimbursement checks within 60 days of check issued date to assure payment.
- A copy of this form and original receipt/invoice must be in the Treasurer's records.

PTSA USE ONLY:

Date received reimbursement form: _____

Payment issued by: _____

Date issue payment: _____

Check # _____ Complete amount: \$ _____

Treasurer Signature _____

Date completed: _____