Bella Vista PTSA
Request for Funds / Reimbursement

Date: ____________________________

Payable To: ____________________________________________________________

Amount: $ ___________________ (Please attach receipt(s) or invoice)

How will you get check?  Mailbox at school/ hold in office/ mail
(Circle one or fill in )  Address: __________________________________________

Expenditure was for: ____________________________________________
(Craft Fair, Grad Night, Teacher Grants, etc.)

If more than one activity, please list:

Activity: ___________________________  $ __________

Activity: ___________________________  $ __________

Activity: ___________________________  $ __________

Activity: ___________________________  $ __________

Total Amount  $ __________

Person completing form: __________________________ phone or email:__________________________________

Complete form and put in PTSA Treasurer’s folder. Questions?? Contact Vickie Dowd (916)835-1555.

--------------------------------------------------------------------------------------------

PTSA Use Only

Paid by Check #___________  Check Date _____________ Check mailed or given___________

PTSA President ____________________________  Date__________________________

Secretary Approval ____________________________  Date__________________________