

Joseph P. Liberati Intermediate School PTG

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Please staple all receipts to this form

Date submitted: _____

Reason for payment request: _____

Total amount: _____

Person requesting payment: _____

Email Address: _____

Comments/Special Instructions:

Treasurer Use:

Date paid: _____ *Amount:* _____ *Check#:* _____