## OG PTA REQUEST FOR FUNDS FORM 2022/23

Before you fill out this page, please review the OG PTA Reimbursement Procedures located on the PTA Website.

**NOTE:** Requests require 7 days to process. Please submit reimbursement requests within 60 days of the expenditure or it will be considered a donation to OGPTA. Questions? Email: <a href="mailto:ogstreasurymaster@gmail.com">ogstreasurymaster@gmail.com</a>.

Today's Date (m/d/y):	Date of Expense:	
Your Name:		
Your Email:		
Your Phone:		
Committee / Event: (or budget category if known)		
<b>Description of Expense:</b> (What was it for)		
Expense Amount:	\$	
Payment Method:	Please select one Direct payment to vendor - check (attach bill/invoice Direct payment to vendor - PTA debit card (attach Cash advance (attach estimate & state purpose for Reimbursement - check (attach all receipts)	bill/invoice)
Check Payable To:		
Payment Address: (Where to send pmt)		
Please specify if special arrangements equired for check delivery or pick up:		
	Please select one Expense is less than \$600 (No verification required) Expense is \$600 or more (Verification required – ple project's committee chair or supervising PTA-VP. Tr	ease write name of your
Tax Identification Information:	Required if paying for SERVICES* and the recipient is NOT a corporation.  I purchased goods, food or beverages (not a service, no tax ID info required)  I purchased a service – W9 already on file with PTA (vendor was used previously)  I purchased a service – W9 attached  *Services include musicians, author visits, entertainers, performances, workshops, lectures, presentations, rentalsetc.	
Your Signature:		