

Joseph P. Liberati Intermediate School PTG

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

STAPLE ALL RECEIPTS TO THIS EXPENSE STATEMENT

Date submitted: _____ Date Due: _____

Reason for payment: _____

Pay to the order of: _____

Total amount: _____

Person requesting payment: _____

Notes (mailing address/email):

Treasurer Use:

Date paid: _____ Amount: _____ Check #: _____

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