



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____ PTA
Position _____
Address _____
City/Zip _____
Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSE \$ _____

Total Amount Claimed From Above \$ _____

Minus Advance Received \$ _____

Reimbursement Claimed \$ _____

Not claimed – donate to PTA \$ _____

Refund to PTA (Enclose Check) \$ _____

Signature _____ Date _____

FOR PTA TREASURER USE:

- Membership-approved activity Funds released by membership
- Executive Board-approved expenditure

Check Number Category Amount Advanced Expenses Amount Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____

03/2009