

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

President's signature: _____ Date: _____

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

03/2009

Check Number Category Amount Advanced Expenses Amount Owed or Due