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