PTA ADVANCE/REIMBURSEMENT EXPENSE FORM

(Completed expense forms and receipts are required for all reimbursements/advances/debit card purchases)

Name: _____

PTA Position: _____

PART I: ADVANCE REQUEST - List all anticipated reimbursable expenses

Certification: I request the below advancement for authorized PTA business. Within 30 days of the completed expense, I agree to submit all receipts to attach to this statement and any unused portion of the advance or to claim my additional expenses.

Date Requested: _____

Explanation of Expense: _____

TOTAL: $_____

PART II: REIMBURSEMENT REQUEST - List actual reimbursable expenses. Attach all receipts.

Date Requested: _____

Explanation of Expense: _____

TOTAL: $_____

PART III: PTA DEBIT CARD PURCHASES

Explanation of Expense: _____

TOTAL: $_____

**I certify that the expenses listed above were incurred in connection with authorized PTA assignments and were not otherwise reimbursed to me.**

Signature (required for processing)

_____ Date: _____

PTA OFFICIAL USE ONLY

PART IV: TALLIES

| | |
|---|---|
| Total Part I: | $ |
| Total Part II: | $ |
| Total Part III: | $ |
| Final Total: | $ |

PART V: TREASURER USE ONLY

| | |
|---|---|
| Date: | Check #: |
| Check amount | $ |
| Check To: | |
| Approved by - President | |
| BUDGET CATEGORY | AMOUNT |
| | |
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