PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee _____

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 _____

Signature of VP/Chairman for Program/Event _____

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