

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

PTA Position _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

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