

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:			
☐ Funds released by membership			
☐ Executive Board-approved expenditure			
Check Number Category Amount	Advanced	Expenses	Amount Owed or Due
President's signature:	I.	Date:	
Date approved in minutes:Secretary's signature:			