

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