

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

Position _____

Address _____

_____ 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 _____

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: _____