PTA
everychild.onevoice.

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

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 _____

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

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