



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 \$ _____

Signature _____ Date _____

For PTA Treasurer Use:

- Membership approved activity
- Executive Board approved expenditure
- Funds released by membership

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President Signature _____ Date _____

Date Approved in Minutes _____ Secretary Signature _____