



## PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List Expenditures: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSE</b>	<b>\$ _____</b>

Total Amount Claimed From Above \$ \_\_\_\_\_

Minus Advance Received \$ \_\_\_\_\_

Reimbursement Claimed \$ \_\_\_\_\_

Not claimed – donate to PTA \$ \_\_\_\_\_

Refund to PTA (Enclose Check) \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name Here \_\_\_\_\_ PTA Position \_\_\_\_\_

**FOR PTA TREASURER USE:**

Check Number	Category

President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved in minutes: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_