

## 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:** \_\_\_\_\_

<b>List Expenditures:</b> _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<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 \_\_\_\_\_

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