

## 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