

**PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_  
 PTA Position \_\_\_\_\_  
 Payee Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Make check payable to \_\_\_\_\_

**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)	\$ _____

Officer/Chair 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