

**PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Please email to [treasurer@lowellpta.com](mailto:treasurer@lowellpta.com) or leave in Treasurer folder in PTA room

Name \_\_\_\_\_

PTA Position \_\_\_\_\_

Payee Address \_\_\_\_\_

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

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

Make check payable to \_\_\_\_\_

**Expenditure was for:** \_\_\_\_\_**List Expenditures:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSE** \$ \_\_\_\_\_

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: \_\_\_\_\_