



# PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_  
PTA Position \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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) \$ \_\_\_\_\_

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