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PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

PTA Position _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

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 _____

FOR PTA TREASURER USE:

- Membership-approved activity
- Executive Board-approved expenditure
- Funds released by membership

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____

Fig. 5-9 Payment Authorization/Request for Reimbursement