

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 EX	PENSE \$		
	· = · · · =		
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	☐ Funds released b	oy membership	
☐ Executive Board-approved expenditure			
Check Number Category A	mount Advanced	Expenses	Amount Owed or Due
Duri la di sai sai sa			D. I.
President's signature: Date:			
Date approved in minutes: Secretary's signature:			

Fig. 5-9 Payment Authorization/Request for Reimbursement