PTA
everychild. onevoice.

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee _____
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

Fig. F-9 Payment Authorization/Request for Reimbursement