



everychild.one voice.

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
- 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: _____

Fig. 5-9 Payment Authorization/Request for Reimbursement