



Mariemont Elementary PTA

Payment Authorization / Request for Reimbursement

Please attach all receipts to this expense statement

Date: _____

Name of Requestor: _____

Make check payable to: _____

Address to be mailed: _____

Picked up from Treasurer by: _____

Left with / in: _____

Expenditure was for: _____

List expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expense \$ _____

Signature of Requestor: _____

Signature of Event Chairperson / Exec Board Member: _____

For PTA Treasurer Use:

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

Check #	Category	Amount Paid

President's signature: _____ Date: _____

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