



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Please attach all receipts to this expense statement.

Date: _____

Name of requestor: _____

Make check payable to (if different from above): _____

Address to be mailed: _____

Picked up from Treasurer by: _____

Left in/with: _____

Expenditure was for: _____

List expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expense \$ _____

Signature of Requestor: _____

Signature of Exec Board Member: _____

For PTA Treasurer Use:

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

Check #	Category	Amount Reimbursed

President's signature: _____ Date: _____

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