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# PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_

PTA Position \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

<b>List Expenditures:</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	<b>TOTAL EXPENSE</b>	<b>\$ _____</b>

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
- Executive Board-approved expenditure
- Funds released by membership

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