



## PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT *\*(ONE SHEET PER EVENT)\**

Name of Person Requesting Check \_\_\_\_\_

PTA Position (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**WRITE CHECK TO:**

Name of Person/Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

✓ Check One:

List Expenditures: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

- I will pick up the check at CSS when it is ready.
- Please mail the check to address indicated.

**TOTAL EXPENSE** \$ \_\_\_\_\_

Total Amount Claimed From Above \$ \_\_\_\_\_  
 Minus Advance Received \$ \_\_\_\_\_  
 Reimbursement Claimed \$ \_\_\_\_\_  
 Not claimed – donate to PTA \$ \_\_\_\_\_  
 Refund to PTA (Enclose Check \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair's 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: \_\_\_\_\_