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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: \_\_\_\_\_

Detailed Description	Amount	Budget Line Item
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL EXPENSE</b>		<b>\$ _____</b>

Mail to address below     Return to requesting party

Write check to: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**FOR PTA TREASURER USE:**

- Membership-approved activity                       Funds released by membership
- Executive Board-approved expenditure              Treasurer's Signature: \_\_\_\_\_

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved in minutes: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

03/2009