

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Membership-approved activity	Name		
Address City/Zip Telephone (PTA Position		
Expenditure was for: List Expenditures: S S S TOTAL EXPENSE 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 Check Number Category Amount Advanced Expenses Amount Owed or Due President's signature: Date:			
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Minus Advance Received \$		<u> </u>	
Reimbursement Claimed \$ Not claimed – donate to PTA \$ Refund to PTA (Enclose Check) \$ Signature	Total Amount Claimed From Above	\$	
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For PTA TREASURER USE: Membership-approved activity Executive Board-approved expenditure Check Number Category Amount Advanced Expenses Amount Owed or Due President's signature: Date:	Refund to PTA (Enclose Check)	\$	
For PTA treasurer use: Membership-approved activity	O'mature.	Duta	
Membership-approved activity	Signature	Date	
Membership-approved activity			
Check Number Category Amount Advanced Expenses Amount Owed or Due President's signature: Date:	FOR PTA TREASURER USE:		
Check Number Category Amount Advanced Expenses Amount Owed or Due President's signature: Date:			
President's signature: Date:		Advanced Expenses Amount Owed or Due	
		Described the circulation of the	
Date approved in minutes: Secretary's signature:	O3/2009 Secretary	's signature:	