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PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

Attach all receipts/invoices to this expense statement and put in the PTA Financial Secretary's file

Name of Person Requesting Check: _____ Date: _____

PTA Position: _____ Telephone: (____) _____

E-mail: _____ City/Zip: _____

Event or Committee: _____ Date of Event: _____

Person/Company	Description of Expense	Budget Category	Amount
Minus Advance Received or Not claimed - Donate to PTA			(____)
Total Amount Requested:			\$

Receipts or Invoice **MUST** be attached to this form: Invoice Attached Receipt(s) Attached

Write Check To:

Name or Person/Company: _____

Address (if check is to be mailed): _____

City: _____ State: _____ Zip: _____ Telephone (____) _____

Mail Check Deliver Check To: _____

Signature of Person Requesting Check: _____ Date: _____

Approved by:

President: _____ Date: _____

Secretary/Financial Secretary: _____ Date: _____

Date approved in minutes: _____ Chairperson Signature: _____

For PTA Treasurer Use:

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

Budget Category	Budgeted Amount	Check Number	Amount