

PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

Attach receipts to this expense statement

Name of Person Requesting: _____ Date of request: _____

PTA Position: _____ Phone Number _____

List of Expenditures:

Program/Reason for Expense	Amount	PTA Budget Category
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Check Total	\$	

Write Check To:

Name: _____ Phone Number _____

Address: _____

Requester's Signature: _____ Date: _____

For PTA use only:

Check Date	Check Number	Check Total
		\$

Approved by:
