



# PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

**Requested by:**

\_\_\_\_\_ Name

\_\_\_\_\_ Date

\_\_\_\_\_ PTA Position

\_\_\_\_\_ email or phone

**Expenditure Description:**

\_\_\_\_\_

\_\_\_\_\_ Event Date

**Amount Requested:**

\$ \_\_\_\_\_

Invoice Attached

Receipt Attached

**Payable To:**

\_\_\_\_\_ Name (Person / Company)

\_\_\_\_\_ Address

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

\_\_\_\_\_ Phone number

**For PTA Treasurer use:**

Executive Board-approved expenditure

Membership-approved activity(In Budget)

Funds released by Membership

Budget Category	Budgeted Amount	Check Number	Check Amount

**Approved by:**

\_\_\_\_\_ Date approved in minutes

\_\_\_\_\_ Date

\_\_\_\_\_ President's Signature

\_\_\_\_\_ Secretary's Signature