

## 2024-25 PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT AND LEAVE IN PTA BOX

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List Expenditures: _____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL EXPENSE</b>	<b>\$</b>	_____

**NOTE: REIMBURSEMENT REQUESTS  
MUST BE MADE WITHIN THE SAME  
SCHOOL YEAR**

Total Amount Claimed From Above \$ \_\_\_\_\_

Minus Advance Received \$ \_\_\_\_\_

Reimbursement Claimed \$ \_\_\_\_\_

Not claimed – donate to PTA \$ \_\_\_\_\_

Refund to PTA (Enclose Check) \$ \_\_\_\_\_

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

**FOR ANY QUESTIONS PLEASE EMAIL [TREASURER.CLAREMONT.PTA@GMAIL.COM](mailto:TREASURER.CLAREMONT.PTA@GMAIL.COM)**

**FOR PTA TREASURER USE:**

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

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

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

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

03/2009