

Weyerhaeuser Elementary PTA



5.3.50

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

PTA Position _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Expenditure was for: _____

List Expenditures: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
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 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 _____