$ **EXPENSE FORM**

Date Total Amount

Attach all receipts to the **back**

on **this side** of the page.

Requested by:

Choose One:

* Debit Card Purchase (Do not reimburse)

****OR

* Check Payable to:

**Itemized Expenses**: Itemize each receipt with amount, store name, and budget line item or purpose/use.

*Amount Receipt’s Store Name Budget Line Item*

**Budget Line Item Totals:** Note the total amount for each budget line item from the above expenses.

*Amount Budget Line Item*

**Grand Total for Check Reimbursement:**

**Deliver check to:**

**Mail Check to:**

FOR TREASURER’S USE ONLY

 $

Date Disbursed Check # Amount

Note

* Receipts Attached
* Entered in Accounting Software/Ledger

**Certification:** The expenses listed are authorized PTA expenses.

Signature Date

Signature Date