

EXPENSE FORM

_____ \$ _____
Date Total Amount

Requested by: _____

Choose One:

Debit Card Purchase (Do not reimburse)

OR

Check Payable to: _____

Attach all receipts to the **back**
on **this side** of the page.



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

<i>Amount</i>	<i>Receipt's Store Name</i>	<i>Budget Line Item</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<i>Amount</i>	<i>Budget Line Item</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grand Total for Check Reimbursement: _____

Deliver check to: _____

Mail Check to: _____

Certification: The expenses listed are authorized PTA expenses.

Signature Date

Signature Date

FOR TREASURER'S USE ONLY		
_____	_____	\$ _____
Date Disbursed	Check #	Amount
_____ Note		
<input type="checkbox"/> Receipts Attached		
<input type="checkbox"/> Entered in Accounting Software/Ledger		