PAYMENT AUTHORIZATION FOR FUNDS

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Event/Program_____

Payee Name: _____

Address_____

City/Zip_____

Expenditure was for:_____

List Expenditures: _____ $_____

_____ $_____

_____ $_____

Total Amount Claimed from Above:	$_____
Minus Advance Received:	$_____
Reimbursement Claimed	$_____
Not Claimed - donate to the PTA	$_____
Refund to the PTA (enclose check)	$_____
	$_____
TOTAL EXPENSE	**$_____**

Signature:_____ **Date:** _____

For PTA Treasurer Use:

☐ Membership approved activity ☐ Funds released by Membership

☐ Executive Board approved

Check number	Date of Check	Amount	Category	Amount Owed or Due

President's Signature_____ Date:_____

Laura R. Dauchy

Secretary's Signature_____ Date:_____

Cathi Heilman