

**PTA Expense/Reimbursement Form**

Please complete this form when requesting reimbursement from PTA for any expenses incurred on behalf of PTA. **Attach all required receipts to the back of this form** and forward to the PTA Treasurer within \_\_\_\_\_(hours/days) after the purchase or event date. If you used a credit card, PTA is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount by \_\_\_\_\_(fill in amount, i.e. \$20.00) must have approval from the Executive Board (and cannot be paid until the association votes to approve the overage). **No reimbursement will be made without receipts.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Expense or Committee being reimbursed: \_\_\_\_\_

Total Amount of Expense for reimbursement: \_\_\_\_\_

Comments or special instructions:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
**For Treasurer use only:**

Check Payable to: \_\_\_\_\_

Date Received by Treasurer: \_\_\_\_\_

Date Check Issued: \_\_\_\_\_

Approved by: \_\_\_\_\_

Check No.: \_\_\_\_\_

Please attach receipts or a copy of the receipts to this sheet and submit to the PTA treasurer.