



Landels PTA

Building community * Supporting achievement * Offering enrichment



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name: _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Expenditure was for: _____

List Items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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: _____

Secretary's signature: _____ Date: _____