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# PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_

PTA Position \_\_\_\_\_ PTA Member: Member ID \_\_\_\_\_

Address \_\_\_\_\_ 2300 Dolan Way \_\_\_\_\_

City/Zip \_\_\_\_\_ San Pablo, 94806 \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List Expenditures: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**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
- Executive Board-approved expenditure
- Funds released by membership

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved in minutes: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

03/2009