

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. If the receipt was lost or one was not acquired, attach a complete explanation.

Itemized Expenses: Itemize each receipt with amount, business 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 Expense: _____

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

Receipts Attached

Entered in Accounting Software/Ledger