					EXPENSE FORM		
Date Requested by Choose One: Debit Card Purchase (Do not reimburse) OR Check Amount: \$					Attach all receipts to page 2. If the receipt was lost or one was not acquired, attach a complete explanation.		
Itemized E	xpenses unt Date	Store Name			Budget Line Item	Budget Amount	
Mail Check	on: The expenses liste	ed are autho	orized PTA expenses.	ature 2	Y	Date Recorded?	

