

_____ PTA

EXPENSE STATEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____ Phone _____

Address _____

City/Zip _____

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 _____