

Please attach all related receipts, invoices, and/or statements.

READ FIRST

If funds are needed for a future expenditure, please submit a **Payment Advance Request**. If more than one budget is affected, please submit a separate form for each budget.

Make check payable to (person/company name): _____

NOTE: If submitting this form to return unused funds from a Payment Advance, skip to "Expenditure was for" section.

Address: _____
Street City State Zip

Telephone: _____ Email: _____

What budget was this expense for? _____

Description of Expenditure (or summarize on single line if too many expenditures)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSE	\$ _____
PAYMENT ADVANCE (ENTER ZERO IF NOT APPLICABLE)	\$ _____
REIMBURSEMENT/INVOICE TOTAL OR AMOUNT RETURNED (TOTAL EXPENSE – PAYMENT ADVANCE)	\$ _____

Submitter's name: _____ PTA Position: _____

Submitter's signature: _____ Date: _____

For PTA Treasurer Use:

Check Date	Check Number	Budget Item Name	Available Budget	Amount Paid/Returned	Remaining Budget

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____