EXPENSE SHEET

(To be used for Reimbursement or Advance Funding Request)

Name of PTA _____

Name of person requesting funds _____

Member's Address _____

City _____ State _____ Zip _____

Phone ( ) _____

Itemize expenses below and staple all receipts to this form.

DATES:	FOR	AMOUNT

TOTAL AMOUNT _____

LESS DONATION TO PTA _____

TOTAL CLAIM _____

CERTIFICATION: The expenses listed above were incurred in connection with activities authorized by this PTA and were not otherwise reimbursed to me.

_____ _____

Requesting Member's Signature Date

For PTA Administrative Use

AUTHORIZED BY:

_____

Officer Signature, Title

Check Number: _____

Amount: _____

Check Date: _____

CLAIMS DISBURSEMENT:

Program/Committee/Activity/Event:	Amount