

Pioneer Elementary School PTA Expense Sheet

(To be used for Reimbursement or Advance Funding Request)

Name of PTA Pioneer Elementary School PTA

Name of Person Requesting Funds _____

Member's Address _____

City _____ State _____ Zip _____

Phone: _____

Itemized 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 Pioneer PTA and were not otherwise reimbursed to me.

Requesting Member's Signature Date

For PTA Administrative Use		
AUTHORIZED BY:	CLAIMS DISBURSEMENT:	Amount
	<i>Program / Committee / Activity / Event</i>	
_____	_____	_____
Officer Signature and Title	_____	_____
Check Number:	_____	_____
Amount:	_____	_____
Check Date:	_____	_____