

Saratoga School PTA 2008-2009 Expense Reimbursement/Check Request Form

Attach all receipts to this expense form

Pay to _____
 Address _____
 City/Zip _____
 Phone _____

Submitted by _____

PTA Position _____

Expenditure for: _____

List expenses: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total expense \$ _____

Total 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 ____ Funds released by membership ____
 Executive board approved activity ____ Item# _____

President signature: _____ date: _____

Secretary signature: _____ date: _____

Date approved in minutes: _____

Check number	Account #	Amount advanced	Expenses	Amount owed

Auditor: _____

date: _____