

FOR PTA TREASURER USE:

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

Check No. _____ Category _____ Amount _____ Date Made _____



**PAUL ECKE CENTRAL PTA
PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**
ATTACH ALL RECEIPTS TO THE **BACK** OF THIS EXPENSE STATEMENT

Payable to: _____

Address: _____

City/Zip: _____

Name of Submitter (if different from Payable to): _____

Submitter Email Address: _____

Expenditure for (event, activity, program): _____

List Expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSE \$ _____ \$ _____

Signature _____ Date _____

FOR PTA TREASURER USE:

- Membership-approved activity
- Funds released by membership
- Executive Board-approved expenditure

Submit this form to Treasurer Folder in PTA Box in PEC Office
Pick up check from Claudia in PEC office when notified by email