

Meadow Green PTA

PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

Receipts or Invoice must be attached to this form

Make check payable to: _____

Address (if check is to be mailed): _____

Expenditure was for: _____

List expenditures:

	\$	
	\$	
	\$	
	\$	
	\$	

Minus Advance Received or Donation to PTA: \$ ()

TOTAL: \$ _____

Person Requesting Check: _____

Signature: _____ Date: _____

For PTA Treasurer Use:

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

Check Number	Check Date	Budget Category

President's signature: _____

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