



PTA Expense Reimbursement Form

Budget Line Item: _____

(Ex – General Fund, Sunshine etc.)

Explanation of Expense:

Amount Requesting \$ _____

Make check payable to: _____

Your Signature: _____ Date: _____

PTA USE ONLY BELOW LINE

Approved Amount: _____

Date: _____ Check #: _____

President's Signature: _____ Date: _____

Treasurer's Signature: _____ Date: _____

**** Please Attached Documents or Receipts with form****
