

WILLOW GLEN MIDDLE SCHOOL PTA
Payment Authorization / Request for Reimbursement



- Complete this form
- Attach original receipt(s) or invoice(s)
- Place in PTA mailbox or email documents to Jayna Ng at jaypete1@earthlink.net

You will be contacted when the check is ready, or attach a self-addressed stamped envelope and the check will be mailed to you.

Name _____

PTA Position _____

Address _____

City/Zip _____

Phone (_____) _____ Email _____

Expenditure was for _____

Make check payable to _____

List Expenditures	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	TOTAL EXPENSE:	\$	_____

Total Amount 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 expenditure

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature _____ Date _____

Date approved in minutes _____ Secretary's signature _____