



**WILLOW GLEN MIDDLE SCHOOL PTA  
PAYMENT AUTHORIZATION/  
REQUEST FOR REIMBURSEMENT**



- FILL OUT THIS FORM
- ATTACH ALL ORIGINAL RECEIPT(S) or INVOICE
- PLACE IN PTA MAILBOX or E-MAIL DOCUMENTS to JAYNA NG AT wgms.pta.treasurer@gmail.com

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 \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Expenditure was for:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

<b>List Expenditures:</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**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: \_\_\_\_\_