



**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 STEPHANIE DUELTGEN AT Stephanie@dueltgen.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 _____

Telephone (_____) _____ 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: _____