

\_\_\_\_\_ PTA

**EXPENSE STATEMENT**

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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

List Expenditures: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSE** \$ \_\_\_\_\_

Total Amount Claimed From Above \$ \_\_\_\_\_  
 Minus Advance Received \$ \_\_\_\_\_  
 Reimbursement Claimed, or \_\_\_\_\_  
 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 \_\_\_\_\_