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Council PTA

PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

Receipts or Invoice must be attached to this request

Attach a self-addressed stamped envelope if check it to be mailed

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

List Expenditures:

Budget Category:

_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____

Minus Advance Received or Not Claimed (donation to PTA): \$ ( \_\_\_\_\_ )

TOTAL: \$ \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_ Date: \_\_\_\_\_

For Council Treasurer Use:

Payment must be approved by vote of the Council

Check Number	Check Date	Amount Paid

President's signature: \_\_\_\_\_

Secretary's signature: \_\_\_\_\_ Date approved in minutes: \_\_\_\_\_