



Payment Authorization/ Request for Reimbursement

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT

Date Requested: _____ Amount: \$ _____

Check Payable To: _____

Address: _____

Check Will be Distributed at the Next Monthly Meeting Unless Other Arrangements Are Made

Phone #: _____ Email: _____

Requested By: _____ PTSA Position: _____

Description of Expenditure: _____

(Please Check Expense Category)

Administration Expenses

- _____ Contingency/Miscellaneous
- _____ District Awards Dinner
- _____ Insurance/Assessment - IUCPTA
- _____ Membership Dues _____ x \$5.90
- _____ PTAEZ
- _____ Website Service

Fundraising Expenses

- _____ Test Prep
- _____ Other: _____

Student Program Expenses

- _____ Academic Teams
- _____ Career Cafe
- _____ Grad Night Donation or Ribbons
- _____ Honored Warrior
- _____ Legislative Action/Advocacy
- _____ Reflections
- _____ Senior or Freshman Class Donation

Teacher/Classroom Program Expenses

- _____ Mini Grants
- _____ Teacher Appreciation

Approved by: _____ PTSA President	Check # _____ Date: _____
_____ PTSA Treasurer	

This warrant was ratified and/or approved for payment by Executive Board or Association at a meeting held on _____

_____ PTSA Recording Secretary

Please Direct Questions to Treasurer@WoodbridgePTSA.org