

CORONA DEL MAR MIDDLE & HIGH SCHOOL PTA

Payment Authorization / Request for Reimbursement

(ATTACH ALL CONTRACTS, INVOICES, RECEIPTS, STATEMENTS TO THIS FORM)
Please leave completed form with supporting invoice/receipt attached in "Treasurer" box at CdM or email directly to: Brooke Hutchison at treasurer@cdmpta.org

Name:		PTA Position:				
Address:City, Zip:		Telephone:				
		Email:				
Expenditure was for:						
List Expenditures:			\$			
			\$			
			\$,	
		Total E	xpense \$			
Payable to:						
Address:						
Signature:		Date:				
Approved by:	Committee Chairman	Or Home	Tour Treasure	·r		
FOR PTA TREASURER Budgeted Membersh	USE: hip-approved activity	Executi	ve Board-appr	oved (no	on-budgeted > \$500)	
Expense Category:						
Communications Faculty/Staff Support Gifts to School Home Tour Membership Support Middle School		Officer's Expenses Organization Support Previous Year Expenses Student Programs Other (Please specify)				
Check Number	Amount	Date Paid	Date Ratifie	∍d	Treasurer Initials	
Secretary's signature	<u> </u>	Date				
President's signature	Date					