



# PTA Expense/Reimbursement Form

Clarks Summit Elementary PTA  
Member of the Pennsylvania PTA

Please complete this form when requesting reimbursement from PTA for any expenses incurred on behalf of PTA. **Attach all required receipts to the back of this form** and forward to the PTA Treasurer within **7 days** after the purchase or event date. If you used a credit card, PTA is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount by **\$50.00** must have approval from the Executive Board (and cannot be paid until the association votes to approve the overage). **No reimbursement will be made without receipts.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Event/Committee \_\_\_\_\_ Amount \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** All required receipts must be attached to this form.

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***For Treasurer use only:***

Date Received by Treasurer \_\_\_\_\_ Date Check Issued \_\_\_\_\_

Made Payable to \_\_\_\_\_ Check Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

\_\_\_\_\_