



range Unified Council of PTAs
Payment Authorization and Request for Reimbursement
Attach ALL Receipts to this Expense Statement

Make check payable to: _____

Check Delivery: _____ In Meeting _____ Address on Invoice (See attached) _____ or, As Listed _____
(Check Delivery Address - as listed)

List Expenditures	Budget Category	AMOUNT

Total Expenses: _____

Amount Claimed From Above: _____

Minus Advance Received: _____

Total Reimbursement and/or Refund to OUCPTAs: _____

Minus Donation to OUCPTAs: _____

TOTAL DUE: _____

Please Note - A negative TOTAL DUE indicates a refund is due to OUCPTAs - please attach a check for repayment.

Person Requesting Check: _____ Date: _____

PTA Position: _____

Address: _____ (City) _____ (Zip Code)

Phone: _____ Email: _____

FOR PTA TREASURER USE:

Membership-approved activity Funds released by membership Executive Board-approved expenditure

Check Number	Expenses	Amount Advanced	Amount Donated	Amount Owed or Due

President's signature: _____ Date signed: _____

Secretary's signature: _____ Date approved in minutes: _____

Treasurer's signature: _____