

**HANSEN ELEMENTARY PTA
PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**

ATTACH ALL ITEMIZED RECEIPTS TO THIS EXPENSE STATEMENT Please email
form to hansenelempta@gmail.com or drop at Hansen Office

Name _____

Address _____

City/Zip _____

Telephone (____) _____ Email _____

Expenditure was for: _____

List Expenditures:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL EXPENSE		\$ _____

Total Amount Requested Above \$ _____

Reimbursement Claimed \$ _____

Not claimed – donate to PTA \$ _____

REIMBURSEMENT INFORMATION

How would you like this paid?

Electronically (write e-mail in box) or Paper Check (provide payee info and where to send or drop off)

Requested By: _____ Date _____

FOR PTA TREASURER USE:

Check Number	Category	Committee	Amount	Notes

Officer Signature: _____ Date: _____

Officer Signature: _____ Date: _____