

**SIXTH DISTRICT PTA**  
**PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee \_\_\_\_\_

Name of Requester & PTA Position \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Check one:** \_\_\_ bring to meeting **~OR~** \_\_\_ mail check to \_\_\_\_\_

**Expenditure was for:** \_\_\_\_\_

**List Expenditures:** \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSE** \$ \_\_\_\_\_

Total Amount Claimed From Above \$ \_\_\_\_\_  
 Minus Advance Received \$ \_\_\_\_\_  
 Reimbursement Claimed \$ \_\_\_\_\_  
 Not claimed – donate to PTA \$ \_\_\_\_\_  
 Refund to PTA (Enclose Check) \$ \_\_\_\_\_

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

Signature of VP/Chairman for Program/Event \_\_\_\_\_

**FOR PTA TREASURER USE:**

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

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

ratified /  
 Date approved in minutes: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

email to [treasurer@capta6.org](mailto:treasurer@capta6.org), bring to meeting, or mail to Sixth District PTA, ATTN: Treasurer, 1290 Ridder Park Dr., M/C 214, San Jose, CA 95131