

Shirley Hills PTA Request for Expense Payment or Reimbursement

1. Receipts **MUST** be submitted with this form for all expenditures.
2. Use the Shirley Hills PTA sales tax exempt number (29012) for all expenditures.

<u>Description of Expenses</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
 Total	 \$ _____
Less Cash Advance	\$ _____
Balance Due to Individual	\$ _____
Balance Due to PTA	\$ _____

Individual Requesting Payment: _____

Email Address: _____

Check Payable to (if different than above): _____

Signature: _____ Date _____

Budget Category _____

How do you want us to get your check to you?

Leave in PTA mailbox

Mailed to you. Please provide your address for mailing:

Please submit request within 30 days of expenditure.

For Treasurer's Use Only

Office Approval, if over \$300.00 _____

Check # _____ Date Issued _____