

CORONA DEL MAR MIDDLE & HIGH SCHOOL PTA

Payment Authorization / Request for Reimbursement

(ATTACH ALL CONTRACTS, INVOICES, RECEIPTS, STATEMENTS TO THIS FORM)

Please leave completed form with supporting invoice/receipt attached in "Treasurer" box at CdM or email directly to: Brooke Hutchison at brookehutchison2003@yahoo.com

Name: Address: City, Zip:		PTA Po	PTA Position:			
		Telepho	ne:			
Expenditure was for: _						
List Expenditures:				\$		
_				\$		
-		Total		\$ \$		
Payable to:						
Address:						
Signature:		Date:				
Approved by:						
	Committee Chairman	Or Hor	ne Tour Treasi	urer		
FOR PTA TREASURE	R USE:					
Budgeted Membership-approved activity		Exec	Executive Board-approved (non-budgeted > \$500)			
Expense Category:						
Communications			Officer's Expenses			
Faculty/Staff Support			Organization Support Previous Year Expenses			
Gifts to School			Student Programs			
Home Tour Membership Support			Other (Please specify)			
Middle School	ort					
Check Number	Amount	Date Paid	Date Ra	tified	Treasurer Initials	
Connection do admired			Data			
Secretary's signature		Date				
President's signature			Date			