



<u>FOR PTA TREASURER USE ONLY</u>	
Cheque #:	_____
Date Paid:	_____

PTA Expense Report Form

Date:

I, (print name):

Representing the PTA in the capacity of:

have incurred the following expenses against my budget and submit this form for approval and reimbursement or payment to the vendor.

ITEMIZED LIST OF EXPENSES

Description (Please attach itemized receipts, and use reverse if additional space needed.)

- | | |
|--------|---------|
| 1..... | \$..... |
| 2..... | \$..... |
| 3..... | \$..... |
| 4..... | \$..... |

TOTAL \$.....

SIGNED: (signature required)

(Please indicate below to whom the cheque should be payable and a full mailing address.)

Print name:

Address:

.....

.....ZIP code:.....

Phone number:Email:

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Approvals:	
PTA President (sign and date):	_____
GFES Principal (as applicable - sign and date):	_____