



## Expense Reimbursement / Payment Request Form

Committee Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Expense Description**  
**(Attach receipts for reimbursements)**

**Amount**  
**(No Tax)**

1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____

**Total Reimbursement Requested**      \$ \_\_\_\_\_

Please attach all receipts / invoices. For multiple receipts, mark each to match the numbers above.

**Signature of Committee's Board VP:** \_\_\_\_\_ (Co-President if VP is not available\*)

Print Name: \_\_\_\_\_

**Second Signature:** \_\_\_\_\_ (Required for amounts greater than \$500)

Print Name: \_\_\_\_\_

\* It is not permissible to sign one own's expense form.

**Check Payable to:**

**Mail Check to: (IF DIFFERENT)**

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_

City / State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reimbursement Checklist:**

**Yes / No (circle one):** Is the check for payment for services rendered by an independent contractor or individual? **If yes, complete a W-9 tax form, and attach it.**

\_\_\_\_\_ **Attach all detailed receipts,** Credit Card receipts **MUST** include a breakdown.

\_\_\_\_\_ **Make a copy** of the invoice and receipts and keep them in your expense file.

\_\_\_\_\_ Leave the completed expense form and receipts in the PTA Treasurer's blue envelope in the main office.

\_\_\_\_\_ Inform your Committee's PTA Board VP of the expense.

**Note:** You will not be reimbursed for sales tax. Allow 10 days for processing.