

Longridge PTA 2006-2007 Expense/Reimbursement Request

Requester Name: _____ Date: _____

Phone #: _____ Amount requested: \$ _____

Post to Budget Line Item: _____

Please attach estimates, quotes, or receipts when turning this form in for PTA review.

Areas in bold type will be filled in by PTA Treasurer. Only one request can be processed per form.

Please make certain that requests are in line with PTA regulations.

Any questions may be addressed to the PTA Treasurer or President.

Activity and Date: (Please be specific.)

Payable information:

Name: _____

Address: _____

City, State, Zip: _____

PTA Meeting Date: _____ **Approved:** ____ **Not Approved:** ____

Reason for non-approval:

PTA Treasurer: _____

PTA President: _____

Date Paid: _____ **Check #:** _____

Paid by: _____