

# ARDSLEY PTA EXPENSE REIMBURSEMENT FORM

All expense items must include a receipt. Please attach to the form.

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

Check Payable to: \_\_\_\_\_

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

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

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

Item(s) Purchased / Description of Purchase:

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Total Amount: \_\_\_\_\_

Approved By\*: \_\_\_\_\_

Expense Category: \_\_\_\_\_

\* A Co-President must approve all expenses.

For Treasurer:

Date of Payment: \_\_\_\_\_ Check #: \_\_\_\_\_