

# PTA EXPENSE FORM

## Board Members Only

www.marshallpta.net

### Person Requesting Payment/Reimbursement:

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

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

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

Email: \_\_\_\_\_

Please describe the request and attach a copy of all receipts:

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Total Cost: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### PTA TREASURER USE ONLY

DATE RECEIVED \_\_\_\_\_ DATE PAID \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ TREASURERS INITIALS \_\_\_\_\_