



## PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

*ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Expenditure was for:** \_\_\_\_\_

**List Expenditures:** \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSE** \$ \_\_\_\_\_

Minus Advance Received \$ \_\_\_\_\_

Reimbursement Claimed \$ \_\_\_\_\_

Not claimed – donate to Home & School \$ \_\_\_\_\_

Amount of check \$ \_\_\_\_\_

Name on check \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Home and School Treasurer Use:**

- Membership-approved activity       Funds released by membership  
 Home & School-approved expenditure

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

H & S Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved: \_\_\_\_\_ Treasurer's signature: \_\_\_\_\_