

Sequoia High School PTSA PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Instructions:

Attach all receipts to this expense statement and place in the Treasurer's folder in PTSA box in the staff mailroom or mail to: Sequoia PTSA Treasurer, 1201 Brewster Ave, Redwood City, CA 94062
 No receipts = No Reimbursement. Questions: sequoiaptsa@gmail.com
 Checks will be cut approximately every 2 weeks, if approvals are finalized.

Requestor _____

PTA Position _____

Make Check Payable To _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Expenditure was for (Expense Account/Activity to be charged) _____

List Expenditures: _____	\$ _____
(include all receipts) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Claimed From Above	\$ _____

If relevant:	Minus Advance Received	\$ _____
	Minus Reimbursement Not claimed – donate to PTA	\$ _____
	Refund to PTA (Enclose Check)	\$ _____
	Total Check requested	\$ _____

Requestor Signature _____ Date _____

Approved By _____
 (Print name of PTSA committee Chair or Exec board member responsible for this account if different than above)

Approval Signature: _____

FOR PTA TREASURER USE:

- | | |
|---|---|
| <input type="checkbox"/> Membership-approved activity | <input type="checkbox"/> Funds released by membership |
| <input type="checkbox"/> Executive Board-approved expenditure | <input type="checkbox"/> Grad Activities expense |

Check Number	Budget Category	Amount Advanced	Expenses Paid	Amount Still Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____