

HMR PTA
Submission Form for Treasurer Funds

PTA Committee or Event: _____ **Date of Expense:** _____

Requested by: _____

Payable to: _____

Payee Address: _____

Total Amount Requested: _____

Description of Expense:

Receipt Attached: YES NO

Note: Please attach receipts to back of this form. Requester is responsible for staying within the provided PTA budget for expense reimbursement. Reimbursement or payment will not be provided without documentation.

Treasurer's Notes:

Date received: _____ **Date Paid:** _____ **Date Recorded:** _____

Check number: _____ **Treasurer's Initials:** _____