

**Expense Form**

**Greenfield Elementary School PTA  
Request for Reimbursement or Third Party Check**

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- Reimbursement (must attach all receipts)       Check Request (must attach invoice)

Name: \_\_\_\_\_ PTA Committee: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Budget Heading (e.g. Spring Carnival): \_\_\_\_\_

Budget Category: \_\_\_\_\_ Event Date: \_\_\_\_\_

Reason for Expense (e.g. event, tablecloth, etc): \_\_\_\_\_  
\_\_\_\_\_

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

Delivery:

- Send home with: \_\_\_\_\_       Mail to: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Address: \_\_\_\_\_

*Please note:* Third party check requests must be made at least one (1) week in advance. Please allow up to five (5) days for reimbursement. This form must be accompanied by invoice(s) or receipt(s). No checks will be written without the necessary paperwork.

**DO NOT HIGHLIGHT ANY RECEIPTS.** If necessary, please circle items with a pen.

**FOR TREASURER USE ONLY**

Approved by: \_\_\_\_\_

Date Received: \_\_\_\_

Date Paid: \_\_

Amount: \_\_\_\_

Check Number or Confirmation: \_\_\_\_\_