

Stonewall Elementary PTA Expense Form

Date: _____

Budget Category: _____

Name/Address:

Phone Number: _____

Email Address: _____

Details of Item being reimbursed:	Amount
Total	

*Please note you need to make a copy of the receipts for your record and attach original receipts.

Requestor Signature: _____ Date: _____

President Signature: _____ Date: _____

Treasurer Signature: _____ Date: _____

Check Number	
Date Issued	

Any questions please email: stonewallptatreasurer@gmail.com