

COMMACK PTA COUNCIL
Expense Reimbursement Request

Requested by: _____ Phone: _____

PTA Committee: _____ Event Date: _____

Check Payable To: _____

Payment Mailing Address: _____

<u>Invoice #/Receipt</u>	<u>Purpose of Expenditure</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to be paid: \$ _____

Please remember:

1. Original invoice/receipt must be initialed and dated by committee chair. All figures on invoice must be verified by committee chair prior to approval.
2. Expense Reimbursement Request must be completed in full and signed by committee chair and attached to original invoice.
3. Attach invoice/receipt to this form and put into backpack mail or scan and email to Treasurer.

Please contact me with questions:

Tara Darvassy
tarad268@yahoo.com
516-695-4127 (m)
64 Colby Drive, Dix Hills, NY 11746

Committee Chair Signature: _____ Date: _____

For Treasurer's Use Only

Date Received: _____

Check Amount: _____ *Check#:* _____

Budget Line Item: _____

Treasurer's Initials: _____ *Date Paid:* _____