

Canyon Vista PTA Expense Reimbursement Form

Name _____ PTA Position _____ Date _____

Date	Paid to	Item(s)	Purpose/PTA Event	Amount
Total				

Attach receipts to this form (receipts will not be returned).

Signature _____

Approval: _____

President

Recording Secretary

Minute approval date:

Check date:

Check #

G/L: