

NEWTOWN MIDDLE SCHOOL PTA EXPENSE REPORT FORM

Date Submitted: _____

Committee/Function Assigned: _____

Description of Purchase: _____

Check Payable To: Name _____

Street Address _____

City, State, Zip _____

Total To Be Paid or Reimbursed: \$ _____

Submitted By: Name _____

Email Address _____

I certify that this purchase was used for the PTA activity above:

Committee Chairperson Approval: _____

IF TOTAL TO BE REIMBURSED IS \$500.00 OR MORE THE PTA PRESIDENT MUST APPROVE PURCHASE/DISBURSEMENT BY THEIR SIGNATURE or BY EMAIL (note and attach email to form)

PTA President Approval: _____

Staff checks will be delivered to NMS Main Office. All other checks will be mailed unless prior arrangements have been made with the Treasurer.

Please remember to attach detailed original receipt(s). Receipts must include vendor name. Reimbursement will be made with receipt only. When making purchases please use tax exempt # 23-7188845. For any services of \$600 or more, you must obtain a W-9 form from the vendor.

(Treasurer use only)

Staple check stub here:

Date Received: _____

Date Paid: _____

Check Number: _____

Amount: _____

Assigned to Budget Item: _____