

# Bledsoe Elementary PTA

# Expense Form

Form  
Completed By \_\_\_\_\_

Date  
Check Needed \_\_\_\_\_

**Make Check Payable To:**

Mail Check (Yes / No) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Comments \_\_\_\_\_

**ATTACH RECEIPTS OR INVOICES TO THE BACK OF THIS FORM  
DO NOT INCLUDE SALES TAX -- IT WILL NOT BE REIMBURSED**

	Date	Item/Invoice#	Budget Account	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			<b>Total \$</b>	

**TWO SIGNATURES REQUIRED ON ALL FORMS**

Signature \_\_\_\_\_

Date \_\_\_\_\_

President Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Rec	Check#
Date Paid	Check\$