Auburn Village School PTA
Expense Report

Name: _____

The following expenses should be charged to the account: _____.

Expense Details (must be supported by attached receipts)

DATE	VENDOR/STORE	DESCRIPTION	AMOUNT
		Event:	
		Event:	
		Event:	
		Event:	
		Expenses Total	
		Less: Cash Advances	
		Balance Due	

Make check payable to: _____

I hereby certify that the expenses reported are true PTA expenses in compliance with all policies.

Signature: _____ Date: _____

PTA Treasurer Use Only

Check: _____ Paid Date: _____ Amount: _____

Treasurer: _____ Signature: _____