



## Golf District 67 PTA Expense Reimbursement Report

Event: \_\_\_\_\_

Chair: \_\_\_\_\_

Person to be reimbursed: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Expense Detail	Vendor	\$ Amount & Payment Method	To Be Reimbursed	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

Total to be Reimbursed \$ \_\_\_\_\_

*To be completed by Treasurer only:*

Notes:

Check # \_\_\_\_\_ Date Delivered \_\_\_\_\_