

## Payment Authorization / Request for Reimbursement

**Payee**

Michael Chen

**Phone**

(555) 222-2222

**Email**

michael@demo.futurefund.com

**Requested Payment**

Not specified

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**Expenditure Description**

| Date         | Merchant     | Category       | Amount   |
|--------------|--------------|----------------|----------|
| Jul 15, 2026 | Pizza Palace | Event Expenses | \$185.00 |
| Total        |              |                | \$185.00 |

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Signature

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Signature of VP/Chairman for Program/Event

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Date

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Date

### For PTA Treasurer Use

- ☐ Membership – Approved Activity
- ☐ Funds Release by Membership
- ☐ Executive Board – Approved Expenditure

| Check Number | Category | Amount Advanced | Expenses | Amount Owed or Due |
|--------------|----------|-----------------|----------|--------------------|
|              |          |                 |          |                    |

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President Signature

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Date Approved in Minutes

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Date

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Secretary's Signature