

**Snoqualmie Valley PTSA Council
Expenditure / Reimbursement Form**

Do you have a Council-related bill that needs to be paid?

Attach the invoice to the back of this form, and complete Section I. Please mail it to the Council at: SV PTSA Council, PO Box 497, Snoqualmie, WA 98065.

Do you need Council to reimburse you?

Attach your receipt to the back of this form, and complete Section I. Please mail it to the Council at: SV PTSA Council, PO Box 497, Snoqualmie, WA 98065.

Thank you –

SECTION I

Name of person submitting _____ Date: _____

Phone number in case of questions: _____

Mark the correct box – This is a bill Please reimburse me.

Please pay (check payable to?) _____

in the amount of \$ _____.

Explain purpose of this expense:

* **Signature required of person submitting:** _____

SECTION II

***** **Council Treasurer's use only** *****

Date Received _____ Date Paid: _____

Check number:# _____ Check amount: \$ _____

Account/ Budget Category: _____

Council President's Signature: _____

Treasurer's signature: _____