ENLOE HIGH SCHOOL PTSA

Expense Reimbursement/Advance Payment Request Form

Please complete within 30 days of expenditure.

PAY TO: _____

ADDRESS: _____

_____

AMOUNT REQUESTED: $_____

CHECK ONE:

___Advance Payment
___Reimbursement (attach receipts)
___Payment of Attached Invoice

ITEMIZE EXPENSES BELOW

Date	Purpose of Expense	Amount

Charge to (Budget Line Item): _____

Requested by:_____Phone/E-mail:_____

Approved by:_____ Date:_____

(Approval by PTSA President or President-Elect)

Submit by e-mail or mail to: **Keila Keadle** **keilacpa@bellsouth.net**
2209 Tomotley Ct
Raleigh, NC 27606 **Phone: 233-0918**

Treasurer's Use Only

Check #:_____Date:_____Amount:_____Line Item:_____