

**COLUMBIA ELEMENTARY PTA
EXPENSE FORM**

<i>Treasurer Use Only</i>	
Check #	_____
Date Issued:	_____
Posted:	_____

DATE SUBMITTED: _____

COMMITTEE NAME: _____

TOTAL REQUESTED AMOUNT: _____ BUDGETED AMOUNT: _____

OVER BUDGET AMOUNT: _____ EXEC. BOARD APPROVED: _____

IF MORE THAN \$200 OVER BUDGET, REQUEST GENERAL PTA APPROVAL: _____

Make Check Payable To: _____
Mail Check to: _____
City: _____ State: _____ Zip Code: _____

Description of Items:	Total Amount Per Receipt: (column should total to amount listed above)

Attach invoice or receipts. Invoices and/or receipts are required for payment.

Chairperson or Treasurer signature: _____ Date: _____