



Hawley PTA

29 Church Hill Road, Newtown, CT 06470
(203) 426-7666 newtown.hawley.schooldesk.net => Parents => PTA



FINANCIAL FORM

Submitted by: _____ Date: _____

Event/Category: _____

Request for **Reimbursement** (Reimbursement requests should be submitted no more than 2 weeks after the event)

Reason for Expense (attach ALL receipts): _____

Amount of Reimbursement: \$ _____

Person to be Reimbursed: _____

Reimbursement should be: Left for me in the PTA mailbox

Sent home with child (name/class) _____

Mailed to me at the following address: _____

Request for **Payment** (Should be submitted minimum 1 week before due date)

Name of Vendor (attach invoice): _____

Amount of Invoice: \$ _____ Date Payment Due: _____

Payment Authorization Signature: _____

Advance **Purchase** (Should be submitted no more than 2 weeks after the event/purchase)

Name of Vendor (attach receipt): _____

Amount on Receipt: \$ _____ Date of Purchase: _____

Deposit (Provide an Excel Spreadsheet of checks if submitting more than 10 & submit within 2 weeks after the event)

Checks: \$ _____

Cash: \$ _____

Total: \$ _____

Petty Cash Request (Petty cash will be provided in the form of a check to the event chairperson)

Amount Requested: \$ _____ Will you need a petty cash box for your event? Yes No

Will you need bank pouches for your event? Yes No

ADDITIONAL APPROVAL (Over \$500)

Approved by (print name): _____

Signature / Date: _____

FOR TREASURER USE ONLY

Date: _____ Total Deposit: \$ _____

Expense: \$ _____ Check Number: _____

Advance Paid: \$ _____ Payment Used: _____

Line Item Allocation: _____