	\$	EXPENSE FORM
Date	Total Amount	Attach all receipts to the back
Requested by:		Attach all receipts to the <u>back</u> on <u>this side</u> of the page.
OR	ase (Do not reimburse)	Louisiana P7 100 Years 1023 - 2023
1. Itemized Expense	es: Itemize each receipt with amo	unt, store name, and budget line item or purpose/use.
Amount Receipt	ot's Store Name	Budget Line Item
_	n Totals: Note the total amount for the total tem	each budget line item from the above expenses.
4. Deliver check to:	Check Reimbursement:	
Mail Check to:		
Certification: The expenses listed are authorized PTA expenses.		FOR TREASURER'S USE ONLY
Signature	Date	Date Disbursed Check # Amount
Signature	Date	Note ☐ Receipts Attached ☐ Entered in Accounting Software/Ledger

Date Name Name on Check Check # Amount 12 ._____ 23 . 37 ._____

DEPOSIT FORM



	everychild.one voice	
Cash Summary:	Coin Summary:	
\$1 X =	1¢ X=	
\$2 X =	5¢ X=	
\$5 X =	10¢ X =	
\$10 X =	25¢ X =	
\$20 X =	50¢ X =	
\$50 X =	1. ⁰⁰ ¢ X =	
\$100 X =	TOTAL =	
TOTAL =		
Total # of Checks: Count the actual checks to ca	atch any overlooked checks.	
<u>Deposi</u>	t Totals	
Checks: <u>\$</u>		
Cash: \$		
Coins: \$		
Budget Items to be Cree		
Executive Board N	Member Signature	
Second Signature	for Cash Deposits	
For Treasure	er's Use Only	
Dep Date: Ar	mount:	
I □ Entered Into Ledg	er/Accounting Software	