



Hawley PTA

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



FINANCIAL FORM

Submitted by: _____ Date: _____

Event / Category: _____

Request for **Reimbursement** (Reimbursement requests should be submitted no more than two 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**

Name of Vendor (attach invoice): _____

Amount of Invoice: \$ _____.

Date received / Payment Terms: _____

Payment Authorization Signature: _____

Deposit (Provide an **Excel spreadsheet** of totaled checks if submitting more than 10)

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

ADDITIONAL APPROVAL (Over \$500)

Approved by (print name): _____

Signature / Date: _____

FOR TREASURER USE ONLY

Date: _____

Expense/Advance Paid: \$ _____.

Check Number: _____

Total Deposit: \$ _____.

Line Item Allocation _____

