



# Expenses Claim Form

Please complete this form to reclaim necessary expenses made for PTA business. The form, together with supporting receipts, should be passed to the treasurer. If only part of a receipt is relevant to PTA, please mark these items clearly on the receipt. Thank you.

Receipt Number (please number receipts accordingly)	Details of Item	Event	Amount of Claim

Total Amount of Claim \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Date Submitted \_\_\_\_\_

Date Paid \_\_\_\_\_

Payment Reference \_\_\_\_\_