

**Grafflin  
PTA**

**Expense Report**

Committee/Event	
Submitted by:	
Date:	

**Cash Purchases**

Date	Description	Amount
<b>Total</b>		

Person to be Reimbursed

Home Address

Phone #


**Vendor Purchases**

Date	Description (itemize and attach invoices, list Vendor by name and address	Amount
<b>Total</b>		

*No payments can be made without receipts and/or invoices. Please use the Chappaqua PTA tax exempt #163363. Sales tax will not be reimbursed*

Signature

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**For Treasurer's Use:**

Date Paid	
Check #	
Issued to:	
Amount:	
Expense Category:	
Method of Delivery:	

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