



Roaring Brook School P.T.A. EXPENSE FORM

Date: _____

Committee/Event: _____

Cash Purchases (*itemized & attach receipts*)

\$ Amount

Cash Purchases (<i>itemized & attach receipts</i>)	\$ Amount
TOTAL to be reimbursed	\$

* as a non-profit organization no sales taxes can be reimbursed to purchaser.

Billed Purchases (*itemize & attach invoice*)

Please list Vendor name and address:

TOTAL due to vendor	\$

No payments can be made without receipts and/or invoices. Please use the Chappaqua PTA Tax Exempt #163363; sales tax will not be reimbursed.

Treasurer:	
Date:	_____
Check #	_____
Issued to:	_____
Amount	\$ _____
Exp. Cat.	_____

(Person submitting expense)

Home Address:
