## Tackan Elementary School PTA Chairpersons Report to the Treasurer

Committee Name:	
Total Budget:	_
Chairperson:	
Phone #:	
<ul> <li>Please keep accurate records of all expenditures for the event.</li> <li>Original receipts must substantiate the items you are submitting for reimbursement.</li> <li>Make sure you ask the Vendors to provide receipts.</li> <li>Forward this completed form and all receipts to the PTA Treasurer.</li> </ul>	
Dawn Gary, 22 Lancaster Avenue, Nesconset, NY 11767 dmgary13@gmail.com (C) 631-672-0737	
Reimbursement Payable to:	
Address:	
Phone #:	
Is this the Final expense for this committee? Yes □ No □	

## **Expense Detail**

Please itemize all expenses below. Please include complete descriptions for item and purpose columns. Do not forget the vendor name. Prior to submitting for reimbursement from the Treasurer, this form and all original receipts should be placed in an envelope. Retain a copy of this completed form and a copy of all receipts for the Committee folder.

Date	Vendor Name	Item	Purpose	Amount

Grand Tota	ıl \$	
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