

Twin Falls Middle School PTSA  
**Expenditure / Reimbursement Form**

Do you have a PSTA-related bill that needs to be paid?

Attach the invoice to this form and complete Section I, then place it in the PTSA mailbox.

Do you need PTSA to reimburse you?

Attach your receipt to this form and complete Section I, then place it in the PTSA mailbox.

Thank you –

SECTION I

Name of person submitting \_\_\_\_\_ Date: \_\_\_\_\_

Phone number in case of questions: \_\_\_\_\_

Mark the correct box – This is a bill  Please reimburse me.

All materials purchased with TFMS PSTA funds become property of Twin Falls MS.

Please pay (check payable to?) \_\_\_\_\_

in the amount of \$ \_\_\_\_\_

Explain purpose of this expense:

\_\_\_\_\_

\_\_\_ This is an approved Grant \_\_\_\_\_

**\*\* Signature required of person submitting:** \_\_\_\_\_

Section II

\*\*\*\*\* PSTA Treasurer's use only \*\*\*\*\*

Date Received \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check number: \_\_\_\_\_ Check amount: \$ \_\_\_\_\_

Account/ Budget Category: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_