



**Settle Primary School PTFA Expense Claim Form**  
Must include receipts



Payee: \_\_\_\_\_  
 Phone/Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

DATE	EVENT	DESCRIPTION	AMOUNT	RECEIPT ATTACHED?
<b>Amount not Claimed - donation to PTFA:</b>				
<b>Refund Total:</b>				

Date spend approved: \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**For PTA Treasurer Use:**

- Committee-approved activity
- Recorded in meeting minutes
- Receipts total matches claim total

Cheque Number	Expense Category	Amount	Comments

**Treasurer signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Chair signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

