

SMA Home & School Association
Expense Form
2018-2019

Please check one:

Reimbursement

Invoice to be paid

Deposit

Committee: _____

Event: _____

AMOUNT: _____

Due or Deposit

PAY TO:

Name _____

Address _____

Description of Expense (attach receipts): _____

Submitted by: _____

Date: _____

Approval:

President's Initials: _____

Must be approved by President before submitting for payment

For Treasurer Use Only:

Date Paid : _____

Check No. _____ Quickbooks _____

Treasurer: _____