**DMA PTA**

**Cash Advance Reconciliation**

Please attach all relevant receipts in an envelope or via scanned copy/email and return to:

**Erin Battista, PTA Treasurer**

Receipts can be mailed to me at:

526 Stenning Drive - Hockessin, DE 19707

or placed in the PTA box in the school office.

Email: eebattistafamily@gmail.com Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: 302-379-2009 (cell)

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list each receipt separately and include a clear description of the expense and the amount to be reimbursed for each receipt.**

**CASH TO BE DEPOSITED MUST NOT BE LEFT IN THE PTA MAILBOX!**

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| --- | --- |
| **RECEIPT/DESCRIPTION** | **AMOUNT** |
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|  |  |
| **TOTAL:**  |  |
| **AMOUNT OF CASH ADVANCE** | **(-)** |
| **CASH REMAINING (to be given to Treasurer with completed Deposit Form)** |  |
| **REIMBURSEMENT REQUESTED** |  |

Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Note\*\* Receipts must be turned in within 30 days of incurring expenses and no later than June 10. Receipts which are not clearly legible cannot be reimbursed.***

**Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Check: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**