

**PAPA
EXPENSE RECORD FORM
Leigh High School**

Date:

Type of Record: CHECK

REIMBURSEMENT

DEBIT CARD

Expense Category

Amount

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total \$

Reimbursement/Check Payable To:

Record of Debit Card Use (Board use only)

<p>Name:</p> <p>Address:</p>	<p>Vendor/Company:</p> <p>Amount: \$</p> <p>Date:</p> <p>Name on Card:</p>
---	--

Detail Expenditure Below and Attach Supporting Documentation/Receipts

Approvals

Signatures

Date

Committee Chair/VP/President		
Treasurer		(Reimburse mailed)

1099 Required?

CHECK# :

Date: