



ETIWANDA TEACHERS Association



...representing the teachers of the Etiwanda School District

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

Site Location/Position _____

Address _____

City/Zip _____

Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL EXPENSE \$ _____

Signature _____ Date _____

FOR TREASURER USE:

Executive Board-approved expenditure

Check # _____

Date Paid _____

Total Receipts _____

ETA Treasurer's Signature: _____ **Date:** _____