



CLINTON
CENTRAL SCHOOL DISTRICT

New York State
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Clinton Central School PTA Expense Report

Name:		Date:	
Mailing Address:		Event:	
Email		Telephone #:	

	Date	Vendor	Item(s) Purchased	Pre-Tax Cost	Tax
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			Total	\$ -	\$ -
			Reimbursable Amount	\$ -	

An Expense Report must accompany all reimbursement submissions within 30 days of the event.
 All information must be completed and all original, itemized receipts must be submitted.
Please remember that as a non-profit organization we can not reimburse for any taxes paid.
****Please be sure to use the Tax-Exempt Certificate when making your purchases.****
Questions? Please email the Clinton PTA at ccsnypta@gmail.com

Signature _____