PTO Expense Reimbursement Form

PTO Event:			
Date of Event:			
Event Chairperson:			
Make Check Payable to:			
Total Reimbursement Due:			
Store Name	Date Purchased	Description of Item(s) Purchased	Amount
		TOTAL	
		TOTAL =	
Please note: All receipts must ac	company this expens	e reimbursement form. Please attach all receipts to an 8.5 x 11 sheet of paper	with either

Please note: All receipts must accompany this expense reimbursement form. Please attach all receipts to an 8.5 x 11 sheet of paper with either tape or staples, then submit with this form. Please return both sheets to the PTO Treasurer and submit within one week of the event or fundraiser. If you have any questions in regards to this form, please contact the PTO Treasurer. Please fill out this form in it's entirety.

For PTO Treasurer Only:	Date Check Written _	Check #	Check Payable To:	
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