

# PTO EXPENSE REIMBURSEMENT FORM

Please list each receipt separately. Thank you!

Event	Description of Expense	Amount Spent
<b>TOTAL AMOUNT DUE</b>		

Name of person to be Reimbursed	
Date Submitted	
Signature	

**Please attach all receipts to the reverse side of this form.**

Approved by: (must be signed by PTO officer)	
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<b>For PTO Treasurer Use Only:</b>	<b>Date Paid</b>	<b>Check Number</b>
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