

PTO EXPENSE REIMBURSEMENT FORM

Please, list each receipt separately. Thank you.

Event	Description of Expense	Amount Spent
TOTAL AMOUNT DUE		

Name of Person to be Reimbursed	
Date Submitted	
Signature	

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

Approved by: <small>(must be signed by PTO officer)</small>	
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FOR PTO TREASURER USE ONLY:	DATE PAID	CHECK NUMBER
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