

PTO EXPENSE REIMBURSEMENT AND MONEY SUBMISSION FORM

Reimbursement: Please list each receipt separately. Thank you!

Committee/Event	Description of Expense	Amount Spent
TOTAL AMOUNT DUE		

Please attach all receipts to the reverse side of this form. Please do not put purchases of personal items on the same receipt.

Name of person and address to be Reimbursed	
Date Submitted	
Signature	

Money Submission: Please separate cash from checks. Record the total number of checks and amount.

Committee/Event	Description and date of Receipt of Funds	Amount Submitting
TOTAL AMOUNT SUBMITTING		

Name of person Submitting	
Date Submitted	
Signature	
Signature Witness (Please have two people count the money and sign)	

For PTO Treasurer Use Only:	Date Paid/Deposited	Check Number
For PTO Treasurer Use Only:	Date Deposited	Amount Deposited