

WHITE TWP PTO

EXPENSE REIMBURSEMENT/CHECK REQUEST

Today's Date: _____ Date of Expense(s): _____

Amount Requested: _____ Program/Event: _____

Requesters Name: _____ Phone Number: _____

Write Check Payable To: _____

Address If Mailed: _____

Receipt(s) Attached: Yes No (explain)

Description of Items	Cost of Items
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reminder: Receipts are required for audit documentation. NO reimbursements may be made without receipts. Requests exceeding budget must be approved at board meeting and may not be able to be granted. Please shop smartly, money saved is reallocated to other areas of need!

Invoice payments will be mailed directly to vendor.

Approval of Committee Chairperson. If own expense, please have another committee member review receipts and sign here:

Print and sign: _____

Requester acknowledges all requests for reimbursement were used for the PTO. Surplus supplies belong to the PTO, and no personal gain was made from these purchases.

Print and sign: _____

FOR TREASURERS USE: Check#: _____ Date Pd: _____ Amount Pd: _____

Treasurer: X _____ 2nd Officer: X _____