



## PTO Reimbursement Form

Date Submitted: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Committee: \_\_\_\_\_

Event: \_\_\_\_\_

Person to be reimbursed: \_\_\_\_\_

Amount: \_\_\_\_\_

Items purchased /  
explanation of expense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tape receipts (flat for filing) to the back of this page.

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### For Treasurers' Use Only

Check made payable to: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

G/L Account: \_\_\_\_\_