

Francis Wyman PTO

Expense Reimbursement Form

Name: _____ Phone #: (____) _____

Mailing Address: _____

Committee/Reason: _____

Date of Purchase(s)/Event: _____

Item(s) Purchased: Use back of form if more items were purchased
& carry forward the total to item #3.

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Total: \$ _____

PTO Co-President's/Chairperson's * Signature needed if over \$100.00

(x) _____

Attach receipt(s) to this form and submit to PTO Treasurer via the PTO Mailbox in the Main Office no later than 30 days after purchase date or date of event, whichever is later.

* Chairperson of Committee can sign if budget amount has already been approved by the Executive Board

09/05

Treasurer Use: Date Rec'd: _____

Date Paid: _____ Check # _____