



EXPENSE REIMBURSEMENT REQUEST FORM

****APPROVAL REQUIRED BEFORE REIMBURSEMENT IS PROCESSED BY TREASURER****

Approved by:

Date: _____

Name: _____

Position/Title: _____

Address: _____

Phone # & E-Mail: _____

Category: (Please check box(es) that apply)

<input type="checkbox"/>	PTO Meeting	<input type="checkbox"/>	Art Program
<input type="checkbox"/>	Fall/Winter/Kermes Festival	<input type="checkbox"/>	Music Program
<input type="checkbox"/>	Family Events	<input type="checkbox"/>	Drama Program
<input type="checkbox"/>	Teacher Appreciation	<input type="checkbox"/>	PE Program
<input type="checkbox"/>	Teacher Stipend	<input type="checkbox"/>	

Date	Vendor	Description/Purpose	Amount

ATTACH COPIES OF RECEIPTS!! KEEP YOUR ORIGINAL RECEIPTS!!!