

Brookside PTO

Expense Reimbursement Form

- ✓ Please complete one form, per person, per event.
- ✓ Please attach all receipts/proof of payment to this form or place in an envelope.
- ✓ Please keep a copy of this form and all receipts before submitting original.

Today's Date: _____

Date of Expense(s): _____

Total Amount: _____

Event/Program: _____

Requestor's Name/Telephone: _____

Payable to: _____

Contact info for Payee: _____

Date Needed (advance funds only): _____

Description of Items Purchased	Cost of Items

The following signatures are required for approval:

Requestor

PTO President: Rebeca Coffey

For Treasurer's Use	
Check #:	_____
Date Paid:	_____
Budget Category:	_____
Treasurer's Signature:	_____