**PTO EXPENSE REIMBURSEMENT AND MONEY SUBMISSION FORM**

**Reimbursement:** Please list each receipt separately. Thank you!

|  |  |  |
| --- | --- | --- |
| Committee/Event | Description of Expense | Amount Spent |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL AMOUNT DUE |  |  |

**Please attach all receipts to the reverse side of this form. Please do not put purchases of personal items on the same receipt.**

|  |  |
| --- | --- |
| Name of person and address to be Reimbursed |  |
| Date Submitted |  |
| Signature |  |

**Money Submission: Please separate cash from checks. Record the total number of checks and amount.**

|  |  |  |
| --- | --- | --- |
| Committee/Event | Description and date of Receipt of Funds | Amount Submitting |
|  |  |  |
|  |  |  |
| TOTAL AMOUNT SUBMITTING |  |  |

|  |  |
| --- | --- |
| Name of person Submitting |  |
| Date Submitted |  |
| Signature |  |
| Signature Witness (Please have two people count the money and sign) |  |

|  |  |  |
| --- | --- | --- |
| **For PTO Treasurer Use Only:** | **Date Paid/Deposited** | **Check Number** |
| **For PTO Treasurer Use Only:** | **Date Deposited** | **Amount Deposited** |