Expense Reimbursement Form

Volunteer Name:
Phone number:

Expense Period	
From:	
To:	

Event or Committee Purpose:

Itemized Expenses

DATE	DESCRIPTION	PLACE OF PURCHASE	COST
			$

SUBTOTAL	$
Less Cash Advance	
TOTAL REIMBURSEMENT	**$**

Don't forget to include receipts!

Volunteer Signature Date

PTO Advisory Committee Signature* Date

**All requests over $50 requires a PTO Advisory Committee member's signature.*

Treasurer Use Only

Cash:_____ OR Check #:_____ Received by:____ _____

Volunteer Signature