** Expense Reimbursement Form**

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| **SELECT TYPE OF REQUEST FOR PAYMENT** | |
|  | **Reimbursement for payment already made** |
|  | **Request check for payment to vendor** |

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| **SECTION 1: YOUR INFORMATION** | | | | | |
| **Name:** |  | | | | |
| **Phone:** |  | | | | |
| **Email:** |  | | | | |
| *You only need to complete the address section if you would like the check mailed to you for reimbursement or sent to vendor for payment. Otherwise you will be notified when it is ready*  *for pick up in the school office.* | | | | | |
| **Name/Company:** |  | | | | |
| **Address:** |  | | | | |
| **Address:** |  | | | | |
| **City:** |  | **State:** |  | **Zip:** |  |

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| **SECTION 2: EXPENSE DETAIL** | |
| **Date of Request:** |  |
| **Related Event:**  *(Spaghetti Dinner, Sock Hop)* |  |
| **Total Amount:** |  |
| **Description of Purchase:** |  |

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| **SECTION 3: CERTIFICATION –** *To be filled out by PTO* | | | |
| **Approved By:** |  | | |
| **Date Approved:** |  | | |
| **Budget Line Item:** |  | | |
| **Date Payment Made:** |  | **Check No.** |  |