



# Expense Form

SELECT TYPE OF REQUEST FOR PAYMENT	
<input type="checkbox"/>	Reimbursement for payment already made
<input type="checkbox"/>	Request check for payment to vendor

SECTION 1: YOUR INFORMATION			
<b>Name:</b>			
<b>Phone:</b>			
<b>Email:</b>			
<i>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.</i>			
<b>Name/Company:</b>			
<b>Address:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip:</b>	

SECTION 2: EXPENSE DETAIL	
<b>Date of Request:</b>	
<b>Related Event:</b> <i>(Spaghetti Dinner, Sock Hop)</i>	
<b>Total Amount:</b>	
<b>Description of Purchase:</b>	

SECTION 3: CERTIFICATION – To be filled out by PTO			
<b>Approved By:</b>			
<b>Date Approved:</b>			
<b>Budget Line Item:</b>			
<b>Date Payment Made:</b>		<b>Check No.</b>	

- \*Return this form along with receipt of payment to the school office.
- \*No reimbursements will be made without this form and related receipts.
- \*Direct any questions to: [sjaPTOtreasurer@gmail.com](mailto:sjaPTOtreasurer@gmail.com)