

Expense Reimbursement / Check Request Form

Carpenter PTO (2019 - 2020)

Event: _____

(Room Parents – please include grade, room number and teacher’s name if classroom expense)

Date of Purchase: _____

Place of Purchase: _____

Amount of Purchase: _____

Please do not include sales tax in the amount of the purchase. Sales tax is not reimbursed.

Staple Receipt(s) to reimbursement form or as a separate pdf or jpg attachment.

Items Purchased: _____

Name of person or company to be reimbursed:

Would you like the check mailed: Yes _____ or No _____

If the check is to be mailed, address:

NOTE: Expenses should be turned in no later than 30days after the date of the event.

Treasurer’s Use Only:

Date Paid:

Amount:

Check number or electronic transaction number: