

# FJH PTO Expense Form

(See bottom of page for directions/notes on submitting reimbursement requests)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Make Check Payable To: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Would you like the check mailed? \_\_\_\_ Yes \_\_\_\_ No If no, contact the treasurer to pick up.

Committee incurring expense: \_\_\_\_\_

Is this expense a reimbursement \_\_\_\_\_ or a payment to a vendor \_\_\_\_\_ ?

Purpose of expenditure?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the items purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach all supporting documentation, such as a price quote, contract, email, invoices, etc.

Were there any discounts or donations given in conjunction with this expense? (If so, please note amount here. \$ \_\_\_\_\_)

## **Expense Directions/Notes:**

- 1) Staple receipts to this form (receipts should total the amount of reimbursement request).
- 2) Staple expense preapproval to this request (emails, contracts, or other directives).
- 3) Place this form (with receipts and copy of preapproval form) in an envelope and deliver to the treasurer as soon as possible.
- 4) PTO **will not** reimburse or pay sales tax.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Received

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Check Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Check

Check Amount \_\_\_\_\_