



# Expense Reimbursement Form

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Committee: \_\_\_\_\_

Date: \_\_\_\_\_

Issue reimbursement to: \_\_\_\_\_

In the amount of: \_\_\_\_\_

Mail check to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

**Describe item(s) purchased or service(s) received:**

Date	Paid to:	Description/purpose	Amount
	Total		

**ATTACH ORIGINAL INVOICE(S) or RECEIPT(S) TO THIS CHECK REQUEST FORM and leave in the PTO mailbox**

If you have more than one receipt or invoice, you can attach a list of the items and summarize the project total onto this form.

To be completed by Treasurer:

Date paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Check No. \_\_\_\_\_