

LANCASTER PTO
EVENT REINBURSEMENT FORM

FORM MUST BE SUBMITTED WITH RECEIPTS TO BE CONSIDERED

Event: _____

Event Chair: _____ Phone Number: _____

Email: _____

Detailed list of costs to be reimbursed:

Receipt
Attached

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Due: \$ _____

To Whom the Check Should be made out to: _____

Address to send the check to: _____

PTO Approval:

Signature of PTO President

Date

Signature of PTO Treasurer

Date

For PTO Use Only:

Date Paid: _____ Check Number: _____ Amount Paid: \$ _____