

**SY 2018-2019 MES PTO EXPENSE FORM**  
**Effective July 1, 2018 through June 30, 2019**

Name:	Date Submitted:
Email:	Contact Phone #:
Name of Committee or Event:	Chairperson's Signature for Approval:
Executive Board Approval: <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>	Chairperson's Name Printed:

Please follow these procedures to ensure a timely reimbursement process. Note that incomplete forms or forms missing receipts may result in a delay or denial of your reimbursement request.

1. Attach a receipt for each line item. If you have more than 1 item on a receipt, please highlight only items needing reimbursement. Please submit all receipts within an envelope.
2. Requests for reimbursement should be made within 30 days following the completion of the event or by the deadline determined by the PTO Treasurer.
3. Sign and date the form and turn it in to the PTO Treasurer either through the PTO mailbox or deliver by hand.
4. Email the Treasurer to let them know you have sent in the request at treasurer@moanalupto.org.

Purchase Date	Vendor	Item Description	Event/Program	Check Payable To	Total Due including Tax	Receipt?
						yes <input type="checkbox"/> no <input type="checkbox"/>
						yes <input type="checkbox"/> no <input type="checkbox"/>
						yes <input type="checkbox"/> no <input type="checkbox"/>
						yes <input type="checkbox"/> no <input type="checkbox"/>
<b>TOTAL AMOUNT REQUESTED:</b>						

I certify that the amounts listed above for reimbursement are represented accurately.

*Signed:* \_\_\_\_\_

Please keep a copy of this sheet for your records and for your committee folder. Thank you.

**Additional Notes:** \_\_\_\_\_

**INTERNAL USE:** \_\_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PTO INITIAL:** \_\_\_\_\_