



# MES PTO COMMITTEE EXPENSE FORM

## Effective July 1, 2019 through June 30, 2020

<b>Name:</b>	<b>Date Submitted:</b>
<b>Email:</b>	<b>Contact Phone Number:</b>
<b>Committee:</b>	<b>Committee Chairperson's Signature for Approval:</b>
	<b>Chairperson's Name Printed:</b>

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.
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 at treasurer@moanalupto.org to let him know you have sent in the request.

**Thank you for your help and for volunteering!**

Purchase Date	Store/Vendor Name	Item Description	Event/Program	Total Due or Requested (including Tax)	Receipt?	Check Payable To:
					[ ]yes [ ]no	
					[ ]yes [ ]no	
					[ ]yes [ ]no	
					[ ]yes [ ]no	
					[ ]yes [ ]no	
					[ ]yes [ ]no	

**TOTAL AMOUNT TO BE REIMBURSED or CHECK REQUESTED:**

\$ \_\_\_\_\_

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.

Remarks \_\_\_\_\_  
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