

Lanoka Harbor PTO
Expense Reimbursement Form
School Year 20__ / 20__

Requested By: _____

Date: _____

Budget Category _____

Explanation of Costs:

Total Reimbursement Amount: _____

Signature of PTO Member requesting reimbursement: _____

For Treasurer Only:

Date Received: _____ _____ Approved _____ Rejected

Reviewed by: _____

Receipts attached: _____ Yes _____ No

Check Number: _____ Check Date: _____