



DISCOVERY ELEMENTARY SCHOOL PTO

Staff/Teacher EXPENSE REIMBURSEMENT FORM

NAME: _____ Email/Phone _____

Are you a **PTO member**: Yes _____ No _____

Amount Requested: \$ _____ Grade: _____

Check Payable to _____

*****Original receipt(s) totaling the amount of reimbursement must be attached along with copy of Expense Approval form**.***

(If other items were purchased on the same receipt, please circle the items for this request.)

Please list each receipt with amount applied to reimbursement:

	\$
	\$
	\$
	\$
	\$

Date of expense: _____ Total Amount \$ _____

Requestor's Signature _____ Date _____

Approved by (PTO Officer) _____ Date _____

Principal's Signature _____ Date _____

FOR PTO USE ONLY

Total Amount: _____ Account Charged: _____ Date paid: _____ Check #: _____