

Hadley Watts Middle School PTO Expense Reimbursement Form

Make Check Payable To:

Submitting Individual:

Directly to Vendor/Person Incurring Expense:

Name: _____

Address: _____

Submitted by:

Name: _____

Address: _____

Date: _____

Phone: _____

Signature: _____

Date	Category	Description	Total
Total			\$ -

For Treasurer Use Only:

APPROVED: _____

NOTES: _____

DATE: _____

CHECK NUMBER: _____

PLEASE ATTACH ALL RECEIPTS