



PARENT TEACHER STUDENT ORGANIZATION (PTSO)

Expense Reimbursement Request

Name of Person Submitting: _____ Department: _____

Email Address: _____ Date: _____

Reason for Request: _____

Amount of Reimbursement Requested: \$ _____

MAKE CHECK PAYABLE TO: _____

Principal's Approval/Signature: _____

Receipts/invoice must be attached.

Questions??? Please email PTSO Treasurer, Jenni Marshall at azrosie99@gmail.com.

Checks will be ready approximately 1 week after approval
and can be picked up in the MTMS office from Sharon Sammartino.

TREASURER USE ONLY:

PTSO BOARD APPROVAL: _____

LINE ITEM: _____

DATE PAID: _____ CHECK #: _____