



Lakota East PTSO Reimbursement/Payment Form

Your Name: _____ Phone: _____
 Event/Activity/Program: _____
 Date Submitted: _____ Date Due: _____
 Payable to: _____
 Address: _____

 Check Handling:
 Mail to payee Return to requestor Other: _____

Reimbursement/Payment Detail
Note: PTSO is tax exempt; sales tax is not reimbursable.
 List each receipt / invoice separately.

Description:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

Authorization - To be completed by event/activity/program leader or PTSO Board member
Note: You may NOT authorize a reimbursement to yourself.

Authorized Signature: _____
 Name (printed): _____
 Position: _____

Keep a copy of this form and receipts/invoices for your records. Return completed form and receipts/invoices to PTSO Treasurer's mailbox or directly to Tasha Brown:

8114 Squirrel Hollow Ridge, West Chester, OH 45069
 (513) 885-9961; tasha.brown@gmail.com

Treasurer Use Only
 Budget Line: _____
 Check Number _____ Check Date _____