

WHEATLAND PTO ADVANCE/REIMBURSEMENT EXPENSE FORM

(Completed expense forms and receipts are required for all reimbursements/advances)

Name _____ PTO Position _____

Address & Phone _____

Student and Teacher Name (if applicable) _____

PART I: ADVANCE REQUEST - List all anticipated reimbursable expenses.

Certification: I request the below advancement for authorized PTO business. Within 30 days of the completed expense, I agree to submit all receipts to attach to this statement and any unused portion of the advance or to claim my additional expenses.

Name of activity _____ Date _____

Date Requested	Explanation of Expenses	\$Amount\$
\$ Total \$		

PART II: REIMBURSEMENT REQUEST - List actual reimbursable expenses. Attach all receipts.

Name of activity _____ Date _____

Date Requested	Explanation of Expenses	\$Amount\$
\$ Total \$		

PART III: FINAL TALLIES AND SIGNATURES

Total Part I:	\$ _____
Total Part II:	\$ _____
Final Total	\$ _____

PTO Use Only	
Date:	Check #:
Amount: \$	
To:	
Budget Category	Amount
	\$
	\$
	\$

Certification: The expenses listed above were incurred in connection with authorized PTO assignments and were not otherwise reimbursed to me.
 Signature (required for processing)
 1. _____
 Date _____
 2. _____
 Date _____

Please tape receipts to an 8 1/2 x 11 sheet of paper and attach to this report. Thanks for all your help!