

CLARENCE HIGH SCHOOL PTO - Reimbursement Request

Our PTO is a tax exempt organization and does not pay or reimburse sales tax. Please obtain a copy of our tax exempt certificate from us prior to all purchases. All reimbursements should be submitted within seven days after the event/program and in the fiscal year of the purchase.

Date _____ Event/Program: _____

Explanation: _____

Instructions:

1. List each receipt submitted.
2. Be sure store name is noted on receipt.
3. Circle reimbursement amount and date on receipt.
4. Secure all receipts to this form.
5. Submit to PTO treasurer or PTO Mailbox

Receipts:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Reimbursement Total \$ _____

Make Check Payable to: _____

Address: _____

Phone: _____

*Check will be mailed to address above unless other instructions are specified

I certify that the above purchases were made for the benefit of the Clarence High School PTO

Purchaser's Signature

Paid _____ Check Number _____ Date _____