

Sheridan Hill PTO
Reimbursement Request

R

Committee: _____

Date: _____

Explanation of expense:

Instructions:

1. List each receipt submitted.
2. Be sure store name is noted on receipt.
3. Circle reimbursement amount on each receipt.
4. Tape receipts to a sheet of paper and staple to this form.
5. When completing in Excel, enter data in yellow fields only and the other fields will calculate.
6. Submit to PTO treasurer within thirty days after event.

Note: PTO is a tax exempt organization that does not pay or reimburse sales tax. Obtain copy of tax exempt certificate in school office for purchases.

Expense:			Amount
1	_____	\$	_____
2	_____	\$	_____
3	_____	\$	_____
4	_____	\$	_____
5	_____	\$	_____
Less: Cash Advance for event change		\$	_____

Reimbursement Total	\$	0.00
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Payable to: _____

Phone/e-mail: _____

Choose appropriate delivery method for the check:

- | | |
|--|--|
| <input type="checkbox"/> I Can Pick Up My Check at Sheridan Hill | <input type="checkbox"/> Contact Me for Delivery Options |
| <input type="checkbox"/> Mail Check to the Address Below | <input type="checkbox"/> Send Home with My Child Below |

Address: _____

Child's Name: _____
Teacher: _____

If check is being picked up or sent home with a child, you will be contacted at the phone/e-mail pro when the check is at the school.

Co-President Approval if not in Budget	_____
Treasurer Approval	_____
Budget Code _____	Check # _____ Date _____