# PTO Expense Reimbursement Form

| PTO Use Only |
|---|
| MM _____ |
| CC _____ |

**Date:**

**Amount: $**
**(Sales Tax will NOT be reimbursed)**

**Budget Line Item:**
**(MUST be filled out! * If unsure of line-item name check with Executive Board Contact/Treasurer)**

**Explanation of Expense/Event:**

**Requested By:**

**Make check payable to- Name:**
***If you are on staff at CTE, write CTE for the address***

**Address:**

**Receipt Log – MUST Attach Receipts**

| Vendor | Amount |
|---|---|
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| | |
| **Total of all receipts** | **$** |

**If you have additional receipts to log, use the back side of this form or attach an additional page.**
**Submit this form with attached receipts to cherrytreepto.treasurer@gmail.com, place in the Treasurer Folder in the office workroom at CTE, or mail to Lesley Austin 14455 Norwalk Dr. Carmel, IN 46033**

***** Reimbursement checks must be cashed within 30 days ******

**PTO OFFICER USE ONLY**

Check # _____ Debit: _____ CC Pay _____ Date: _____

Amount: _____

Treasurer Signature: _____

Exec Board Authorization: _____

Rev 2025

| Vendor | Amount |
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| **Total of all receipts** | **$** |