

PTO Expense and Reimbursement Form

Date: _____

Amount: \$ _____

(Sales Tax will NOT be reimbursed)

PTO Use Only

MM _____

CC _____

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: _____

Address: _____

**If you are on staff at CTE, write CTE for the address*

OR

Paid via CC to: _____

**If you need assistance ordering online please contact the Assistant Treasurer cherrytreepto.asst.treasurer@gmail.com*

Receipt Log – MUST Attach Receipts

Vendor	Amount
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 mailbox
in the CTE workroom, or mail to Melissa Merrill 14176 Avian Way Carmel, IN 46033.

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

PTO OFFICER USE ONLY

Check # _____ CC Pay _____ Date: _____ Amount: _____

Treasurer Signature: _____

Exec Board Authorization: _____

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Vendor	Amount
Total of all receipts	\$