|  |  |
| --- | --- |
|  **Name:** |  |
|  |  |  |
| **ITEMIZED EXPENSES** |  |  |
|  |  |  |
| **DATE** | **DESCRIPTION** | **COST** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL** | **$** |
|  |  |  |
|  **SIGNATURE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **DATE: \_\_\_\_\_\_\_\_\_** |
| **APPROVED BY:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE: \_\_\_\_\_\_\_\_\_** |

\*Receipts for all items MUST be attached. Complete this form and return to the Administrative Assistant or PTO treasurer for processing.

|  |
| --- |
| For office use only: |
| Date submitted to accounting: \_\_\_\_\_\_\_\_\_ | Date reimbursement check issued: \_\_\_\_\_\_\_\_ | Check No. \_\_\_\_\_\_\_\_\_ |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |