

# ROSEMONT RIDGE PTO

## EXPENSE REIMBURSEMENT FORM

DATE: \_\_\_\_\_

Check Requested By: \_\_\_\_\_

Check Requestor's Phone Number: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (If needs mailing) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(PLEASE ATTACH RECEIPTS  
 or invoice as appropriate)

Items	Place of Purchase	Committee to Charge	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Grand Total Reimbursement			_____

APPROVAL- COMMITTEE CHAIR \_\_\_\_\_

APPROVAL- EXECUTIVE OFFICER \_\_\_\_\_  
 (if needed)

TREASURER \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK # WRITTEN \_\_\_\_\_