

Wallace Elementary School PTO

Expense Reimbursement Form

Complete this form with a copy of your receipt(s). You can leave it in the PTO mailbox or email it to Barbara Remer at barbara.j.self@gmail.com. Please let me know if it is in the mailbox. Keep a copy for your records.

Date: _____

Submitted by (name): _____ Phone: _____

Committee: _____

Brief explanation of expense: _____

Amount of check: _____ Date needed: _____

Payable to: _____

Address to be mailed: _____

+++++

For Treasurer Use Only:

Date: _____ Check # _____ Amount: _____