



PARENT TEACHER STUDENT ORGANIZATION (PTSO)

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Expense Reimbursement Request

Expense Reimbursement Request

Name of Person Submitting: _____

Name of Person Submitting: _____

Email Address: _____

Email Address: _____

Date: _____ Amount of Request: _____

Date: _____ Amount of Request: _____

Name of Activity: _____

Name of Activity: _____

MAKE CHECK PAYABLE TO: _____

MAKE CHECK PAYABLE TO: _____

Submitting Person's Signature: _____

Submitting Person's Signature: _____

Questions??? Please email PTSO Treasurer, Rene Brofft
Rene@pay-tech.com

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Rene@pay-tech.com

Receipts must be attached.

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Your check will be ready within 1 week of submission,
and can be picked up in the front office from Gina Jackson.

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TREASURER USE ONLY:

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PTSO BOARD APPROVAL: _____

PTSO BOARD APPROVAL: _____

LINE ITEM: _____

LINE ITEM: _____

DATE PAID: _____ CHECK #: _____

DATE PAID: _____ CHECK #: _____