

MONTROSE PTO EXPENSE REIMBURSEMENT FORM

To: Matt Sexton, Treasurer
Montrose PTO
920 Euclaire Avenue
Bexley, Ohio 43209
614-596-2399
2msexton@gmail.com

Date: _____

From: _____

Phone: _____

Committee: _____

Address: _____

Reason for expense: *Please itemize and include copies of all receipts*

	<u>Date of expense</u>	<u>Paid to</u>	<u>Amount</u>
Printing/copying:	_____	_____	_____
Food/drinks:	_____	_____	_____
Custodial services:	_____	_____	_____
Administrative costs:	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____
		Total amount spent:	_____
Signature: _____			
Chairperson Signature: _____			