

Hollymead PTO Expense Report

Complete form and **attach original receipts** in an envelope marked PTO Treasurer and place in the Treasurer drawer (back room). Allow two weeks for reimbursement.

Date: _____

Name: _____

Phone Number: _____

Mailing Address: _____

Email: _____ Signature: _____

Name Of Event	Date Of Purchase	Reason For Purchase	Cost

Total Reimbursement Amount: _____

Office Use Only

Date Received: _____ Check Number: _____ Date Paid: _____

PTO Approval Person (if needed): _____

Treasurer Signature: _____ Amount Approved: _____