***Receipts beyond 30 days need board approval.***

***One form PER committee, NOT per Individual.***

Date: Committee:

Purpose:

 Receipt #:

 Receipt #

 Receipt #

 Receipt #

 Receipt #

 Total: $

Name:

Address:

Phone Number:

Child’s Name:

Teacher/Room:

Signature:

 (Below this line --- PTO records only)

Date Reimbursed: Check #: