***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 #: