



HELEN MORGAN SCHOOL PTO

EXPENSE REIMBURSEMENT FORM

- * Please attach receipt(s) or bill(s) to the back of this form.
- * Request must be submitted within **30 days of event**.
- * Keep a copy of receipts, bills, and this form for your records.
- * **Use a tax exempt form when purchasing items for the PTO.**

Date: _____ Committee: _____

Requested by:

Name: _____

Phone _____ Email _____

Amount Requested: \$ _____

Purpose of request: _____

Check should be issued to: _____

(Include address)

Submit completed form with receipt(s) or bill(s) attached to:
Josephine Pelle
Helen Morgan School
100 Stanhope Rd, Sparta, NJ 07871
973-600-8162

TREASURER'S USE ONLY

Approved:

Josephine Pelle, Treasurer

President

Check # _____ Date _____ Given to _____

Bill Pay # _____ Date processed _____