Central Elementary PTO 900 Helene Street St. Albans, WV 25177

Expense Reimbursement Form

****TO QUALIFY FOR REIMBURSEMENT AN ITEMIZED PAID RECEIPT MUST BE ATTACHED FOR EACH ITEM LISTED BELOW****

	Expenses reimbursed to:		Name:	
			Address:	
			Phone:	
			Child's Name and Classroom Teacher:	
DATE	EXPENSE AMOUNT (S)	DESCRIPTION		TOTAL
	(0)			
		TOTA	AL REIMBURSABLE AMOUNT	\$ -
	DATE PAID:			
C	CHECK NUMBER:			

Please Note: Per Central Elementary PTO Bylaws all reimbursement request "should be submitted to the PTO Treasurer within thirty (30) days of the incurred expense or by the three (3) weeks prior to the end of the fiscal year, which ever comes first, and must be accompanied by a receipt".