

# Sequoyah SPO Expense Reimbursement Form

Make check payable to: \_\_\_\_\_

Address (if you want check mailed) or indicate how you want to get your check:

\_\_\_\_\_

\_\_\_\_\_

Fundraising Activity or Budget Category: \_\_\_\_\_

Itemization of Reimbursement:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Reimbursement Requested \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

If you have several receipts for which you seek reimbursement, please itemize above and attach receipts to this form. Our PTO Bylaws require the signatures of two of our four officers on every check. I will make every effort to see that you are reimbursed promptly. If you require immediate reimbursement, I may issue you a check and require you to secure this second signature from one of the other three officers.

Treasurer Use: Check # \_\_\_\_\_ Date Issued: \_\_\_\_\_