This form is to be used to reimburse expenses incurred by PTO members and volunteers for PTO-related business. Itemized receipts **MUST** be attached and whenever possible, should not include personal items on the same receipt. Completed forms, with receipts attached, can be emailed to GCMSPTO@gmail.com, placed in the PTO mailbox in the main office, or brought to the next scheduled PTO meeting.

|  |  |  |
| --- | --- | --- |
| **Request Date:** | **Requestor’s Name** | **Phone** |

**Itemized Expenses**

*Please attach all receipts containing items for reimbursement. Circle the date and amount on each receipt. For receipts which include personal items, circle those items to be reimbursed by GCMS PTO and write the total on the receipt.*

|  |  |  |
| --- | --- | --- |
| **Receipt Date** | **Merchant/Service Provider** | **Amount** |
|  |  |  |
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|  |  |  |
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|  |  |  |
| **NOTE:** GCMS PTO cannot and will NOT reimburse for Gift Certificates or Gift Cards | **TOTAL:** |  |

**Description of Usage / Reason for Reimbursement**

|  |
| --- |
|  |

**Make Check Payable to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Delivery:** [ ]  Place in PTO Mailbox [ ]  Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO USE ONLY:**

|  |
| --- |
| **Approved By:** **Signature: Date:**  |
| **Check #: Date: Amount: Note:** |