

**Allen D. Nease High School PTSO**  
**Expense Reimbursement/Check Request Form**

*(PLEASE ATTACH ALL RECEIPTS!)*

Date Submitted:	
Submitted By:	
Phone Number:	
Event/Committee:	
Reason for request:	
Check Payable To:	
Address if needed:	

**Description of Expenses:    Please Complete Below**

	AMOUNT	DATE	STORE/VENDOR
<b>1</b>	\$		
<b>2</b>	\$		
<b>3</b>	\$		
<b>4</b>	\$		

**Signature of Person requesting disbursement** \_\_\_\_\_

**TOTAL PAYMENT/REIMBURSEMENT REQUEST \$**\_\_\_\_\_

**Board Member Approval:** \_\_\_\_\_

**Title:** \_\_\_\_\_

This reimbursement request form will be returned to submitter if any of the required information is not included. Please make additional copies of this form as needed. **REMEMBER – Please use the Sales Tax Exemption Form, as the PTSO is a Non-Profit Organization! Copies of the exemption form can be obtained from the PTSO treasurers to provide the vendor.**

**FOR TREASURERS USE ONLY:**

**DATE PAID:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_