

Marlborough PTO, Inc.
EXPENSE REIMBURSEMENT FORM

Project / Event Date: _____ Project / Event Title: _____

Individual Incurring Expenses: _____

Address Check to be sent to: _____

Contact phone number: _____ Contact email: _____

EXPENSES

Store	Description of Purchase	Amount \$\$

Total expenses: _____

PTO Cash Advance: _____

Net Amount to be paid: _____

TREASURER USE ONLY
Is this a () Partial or () Final project/event expense payment?
Check # _____ Check written by: _____ Check sent date: _____