



# Sea Park PTO

## Expenditure / Reimbursement Request Form

### EXPENDITURE

Expenditure requested by (please print and sign):

\_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Reason for Expenditure/Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Committee Chairperson or Board Member)

### REIMBURSEMENT

Reimbursement Requested by (please print and sign):

\_\_\_\_\_

Total amount of receipts attached: \$ \_\_\_\_\_  
(Receipts must be dated on or after expenditure approval)

Check Payable to: \_\_\_\_\_

#### **For PTO use only:**

Date Request Received: \_\_\_\_\_

Date Request Approved: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Signed by: \_\_\_\_\_

Deposit Date: \_\_\_\_\_