**TONAWANDA ELEMENTARY SCHOOL**

**PTO EXPENSE REIMBURSEMENT REQUEST**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMITTEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPENSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Expense must occur in the school calendar year (June-June) in which the PTO takes place.**
2. **A receipt must accompany this request in order for it to be processed.**

**NAME AND ADDRESS OF COMMITTEE MEMBER REQUESTING REIMBURSEMENT**

**COMMITTEE CHAIRPERSON SIGNATURE:**

**PTO PRESIDENT SIGNATURE:**