



Treasurer Only

Check # \_\_\_\_\_

Date Pd \_\_\_\_\_

Check \$ \_\_\_\_\_

## Flagstaff Academy PTO Expense Reimbursement Form

Today's date: \_\_\_\_\_

Person requesting check: \_\_\_\_\_

Date check needed: \_\_\_\_\_

Check amount: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Contact information for person receiving the check (for electronic check confirmation):

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Committee to be charged (ex: Fall Festival) \_\_\_\_\_

Subcommittee to be charged (ex: Food) \_\_\_\_\_

**\*\*\*Please be sure to attach ALL receipts and circle total amount(s)\*\*\***

Item(s): \_\_\_\_\_

Amount(s): \$ \_\_\_\_\_

Total amount of expenses to be reimbursed \$ \_\_\_\_\_

(This amount should equal the check amount at the top of this form)

Chair approval \_\_\_\_\_

**Return this form to PTO Treasurer:** Samantha Carter 720-840-6049 or [scarter@flagstaffacademypto.org](mailto:scarter@flagstaffacademypto.org). Place the form and receipts in the PTO Treasurer's folder above the Lock Box at the front desk at Flagstaff Academy or you may scan/take a picture of the receipts and include the completed form in an email.