Ck. #

EXPENSE/Reimbursement Form

CKHS PTSA 1.3.50

Please attach original receipts or bills to this form.

Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all expenses/receipts:

 $ Amount Used for Budget Category

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Amount of Total Bill: $\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please do not write below this line. For Treasurer's use only.*

Treasurer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_