

Cedar Hill PTO
Expense Reimbursement Request Form 2018-2019
Submit one form per person being reimbursed

Committee/Event _____

Name _____

Address _____

Phone/e-mail _____

Description of Expense	Place of Purchase	\$ Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Committee Chairperson's Signature/Authorization _____

***ORIGINAL SALES RECEIPTS MUST BE ATTACHED TO THIS FORM IN ORDER TO RECEIVE PAYMENT.**

When completed, mail/drop off to the PTO Treasurer:
Colleen Harris
31 Cooper Lane
Basking Ridge, NJ
(908) 432-2541
cryan0974@yahoo.com