



**Westergard Elementary PTO
Expense Reimbursement Form**

*Please complete this form in its entirety and attach **ALL** applicable receipts. Each receipt/expense item should be listed separately; if additional space is needed, a separate sheet may be attached. Please visit www.georgewestergardpto.org to review specific guidelines and policies for using this form.*

Date: _____

Name: _____ Grade/Classroom: _____

Address (if check is to be mailed): _____

| Receipt Date | Program/Activity | Purpose of Expense | Amount |
|--------------|------------------|--------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL: \$ _____

Notes: _____

Treasurer Approval: _____ Date: _____ Check #: _____ Budget Line: _____