

**Frelinghuysen Twp School
PTO**

Expense Reimbursement Form

Volunteer Name:
 Phone Number:
 Email address:

Date:

Event or Purpose:

| Date | Description | Place of Purchase | Cost |
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| **Receipts must be attached for reimbursement | | Subtotal Expense claimed | \$ <input type="text"/> |
| | | Amount not being reimbursed | <input type="text"/> |
| | | Total Requested Reimbursement | \$ <input type="text"/> |

I do solemnly declare and certify, under the penalties of the Law, that the attached bills and/or receipts are correct in all particulars and that the articles have been furnished or services rendered as stated.

 Volunteer Signature Date

 PTO Executive Board Member Signature Date

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|--|
| PTO Use Only Check #: _____ Date Reimbursed: _____ |
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