

**Frelinghuysen Twp School
PTO**

Expense Reimbursement Form

Volunteer Name:
 Phone Number:
 Email address:

Date:

Event or Purpose:

****Please note: The PTO is a Tax Exempt organization & therefore cannot reimburse sales tax.**

Date	Description	Place of Purchase	Cost

**Receipts must be attached for reimbursement	Subtotal Expense claimed	\$
	Amount not being reimbursed	
	Total Requested Reimbursement	\$

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

PTO Use Only
Check #: _____
Date Reimbursed: _____