

West Middle PTO Purchase Reimbursement Request

(Please Complete and Deliver to the West Middle PTO Treasurer for Reimbursement – Staple Receipts to Form where Applicable)

Event/Purchase Date:	___/___/___	Date Submitted:	___/___/___
PTO Event or Committee Name:			
Submitted By: (Name/Contact Info)			

Payment Due Date:	___/___/___	OR	<input type="checkbox"/> ASAP	Check Amount:	\$
Payment To: <i>(Make Check To)</i>					
Deliver Via: <input type="checkbox"/> Mail To <input type="checkbox"/> Pickup from Office					
Deliver To: <i>Mail To – Mail Address, Pickup from Office – Care Of Name</i>					

Purchase Date	Vendor/ Description of Items	Cost	Tax Exempt Used?	Receipt Attached?
___/___/___		\$	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___		\$	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___		\$	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___		\$	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___		\$	<input type="checkbox"/>	<input type="checkbox"/>

PTO Treasurer Notes Area

Received Date: ___/___/___

Date Paid: ___/___/___ Check #: _____ Amount: \$_____

Notes: