



**PARENT TEACHER STUDENT ORGANIZATION (PTSO)**

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*Expense Reimbursement Request*

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Name of Person Submitting: \_\_\_\_\_

Name of Person Submitting: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

Submitting Person's Signature: \_\_\_\_\_

Submitting Person's Signature: \_\_\_\_\_

**Questions???** Please email PTSO Treasurer, Rene Brofft  
[Rene@pay-tech.com](mailto:Rene@pay-tech.com)

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[Rene@pay-tech.com](mailto:Rene@pay-tech.com)

**Receipts must be attached.**

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Your check will be ready within 1 week of submission,  
and can be picked up in the front office from Maria Spiker.

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**TREASURER USE ONLY:**

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PTSO BOARD APPROVAL: \_\_\_\_\_

PTSO BOARD APPROVAL: \_\_\_\_\_

LINE ITEM: \_\_\_\_\_

LINE ITEM: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_