

CUMRU PTO Reimbursement Form

Please complete this form when requesting reimbursement for any expenses incurred on behalf of the PTO. Attach all receipts to the back of this form and return it to the Treasurer within 7 days after the purchase date or event date. If you use a credit card, PTO is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount must have approval from the Executive Board and cannot be paid until the Organization votes to approve the overage.

No reimbursements will be made without receipts.

Committee or Expense being reimbursed _____

Total amount of reimbursement \$ _____

Name _____ Phone # _____

Address _____ Zip _____

Comments or instructions:

Signature _____ Date _____

For treasurer's use only:

Date Received by Treasurer _____

Approved by _____

Line item in Budget _____

Check payable to _____

Check Number _____

Date of check _____

GMIS PTO Check Reimbursement Request

Amount of Request: _____

Purpose of Request: _____

Date of Request: _____

Check #: _____

Amount of Check: _____

Pay to the order of : _____

Signatures on check: _____

Pls attach information, and receipts for the above request.

*** Receipts must be presented before a check can be written.*

***No checks will be signed without being completed first (Amt and Pay to the order of)*

***Checks cannot be written to and signed by the same member.*

Explanation:

Bylaw Amendment #1 September 2010