

# Expense Reimbursement Form

**Form Instructions.** Please submit the following to treasurer@colfaxpto.org within 30 days from which the event occurred. 1) completed form below with 2) all corresponding receipts totalling the payment amount requested. To complete the form, please fill out the gold shaded boxes below.

We cannot process payment without appropriate receipts. Photos / Scans are acceptable. Requests received after 30 days may be denied. You can expect payment within two weeks of our receipt of your completed packet. We prefer to do all document and payment processing electronically, but alternative arrangements can be made upon request. Please contact us at treasurer@colfaxpto.org with any questions or concerns about this process.

<b>*PAYMENT OPTION</b>	<b>*PAYMENT AMOUNT:</b>
------------------------	-------------------------

--	--

<b>*YOUR NAME (PTO Member):</b>	<b>*YOUR EMAIL</b>
---------------------------------	--------------------

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Corresponding with "Payment Option")</i>

**Your Address (optional)**

--

<i>(Street / City / State)</i>
--------------------------------

**\*EXPENSE CATEGORY.** If choosing "other", provide justification below in "Description of Expense"

--

**\*DESCRIPTION OF EXPENSE.** Provide 1-2 sentence description of seller and the intended use of the service or item to be purchased from the seller. If "other" selected above, also provide justification for this expense (e.g. PTO Meeting Vote including date and reference to meeting minutes)

--

**ADDITIONAL NOTES (optional).** Special need date, preferred contact information (phone if better than email), etc.

--

**\*YOUR SIGNATURE.** Check to 'affirm' above information is correct to the best of your knowledge.

<i>(Affirm)</i>	<i>(Your First Name / Last Name)</i>	<i>(Date of Affirmation)</i>

FOR TREASURER'S USE ONLY:	Check # _____	Date _____	Logged _____
---------------------------	---------------	------------	--------------

APPROVED BY (PTO OFFICER #1):

<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>

APPROVED BY (PTO OFFICER #2):

<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>