

Sugartown Elementary School PTO Expense Form

***** Receipts must be stapled to this form *****

Committee Name: _____
Your Name: _____
Date Submitted: _____
Date Needed: _____

Check Amount to be reimbursed:

Description of Expense	_____

Tax	_____
Total	_____

Vendor Information:

Name	_____
Address	_____

Phone Number	_____
EIN:*	_____
* Required for payment of services	

Vice President Approval**

Vice President #1:	_____
	(Name and Date)
Vice President #2:	_____
	(Name and Date)

**Vice President approvals required under By-Laws, Article IX, Section 5:
All checks for over \$1,000 require 2 Vice Presidents approval.
Any check written to an authorized signer on the PTO account must have a second signature regardless of the amount.

Treasurer's Use Only:

Date Paid	_____
Check Amount	_____
Check Number	_____