



EHS PTO REIMBURSEMENT FORM

Name of Committee: _____

Date: _____

Reimbursement Request			
Date of Purchase	Vendor / Store	Amount	Description of Expenses

Total: _____

Class Treasurer Approval: _____

Check Payable To: _____

Send check to this address: _____

**Any personal purchases must be kept separate.
Use EHS PTO's tax-exempt letter whenever possible.
Submit form to Class Treasurer for approval.
Original paperwork goes to the EHS PTO Treasurer.
Receipts/Invoices must be attached.**

Questions contact:

Carin Harper
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carin.harper@sbcglobal.net

Elizabeth Lack
636-399-7288
garnett34@earthlink.net

Date Paid: _____ Check #: _____