

OPHS PTO REIMBURSEMENT FORM

Form must be completed in its entirety and all receipts must be attached! Please note that PTO cannot reimburse taxes. Please submit in a timely manner.

Date: _____

Budget Category: _____

(Event or purpose of the expenditure)

Description of the Expenditure:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Due: \$ _____

Reimburse to: Name _____

Address _____

Phone _____

Mail Completed Form to: Karen Fuentes
82 Knoche Way
Orchard Park, NY 14127
310-251-5635

Check # Date Paid Req. Rec'd Invoice #