

**EASTERN PTO**  
**REIMBURSEMENT FORM**

FORM MUST BE SUBMITTED WITH RECEIPTS TO BE CONSIDERED

Event: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Detailed list of costs to be reimbursed:

Receipt  
Attached

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Due: \$ \_\_\_\_\_

To whom the check should be made to: \_\_\_\_\_

Address to send the check to: \_\_\_\_\_  
\_\_\_\_\_

For PTO Use Only:

Signature of PTO Treasurer \_\_\_\_\_

Date \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_