

# Request for Reimbursement

\_\_\_\_\_ PTO

Please use this form for all PTO expense reimbursements. To be eligible for reimbursement purchases must be pre-approved. All original receipts must be attached. Receipts should only reflect charges for the items that you are requesting reimbursement. Tax cannot be reimbursed. Please remember to have the "Texas Sales and Use Tax Exemption Certificate" when making purchases.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Expenses to be Considered for Reimbursement:

Date	Item	Amount

**Total Reimbursement \$** \_\_\_\_\_

I certify that all above expenses listed above were incurred for the benefit of PTO, were pre-approved, and I am requesting to be reimbursed for these expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By (PTO President/VP)

\_\_\_\_\_  
Approved By (Principal)