

# Candia Moore School PTO

Statement Number

## Expense Statement/Reimbursement Request Form

Reimbursement Information

Purpose \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Date	Vendor	Description	Total

Subtotal	
Advances	
<b>TOTAL</b>	

Please attach all receipts.

I certify this expense report is correct and costs incurred were necessary school expenses for which payment has not been received.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Board Approval \_\_\_\_\_

Date \_\_\_\_\_

For office use only	Date Received	Date Paid	Check #
Approved			