

LG PTO EXPENDITURE REPORT

Committee Name _____
Chairperson Name _____
Purchaser Name _____
Chairperson Signature _____

Purchases will not be reimbursed without chairperson signature

List all items that were purchased. Use a separate line for each receipt. Items should be clearly marked on all receipts.

PURCHASES

COST

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

TOTAL RECEIPTS \$ _____

AMOUNT TO BE REIMBURSED \$ _____

MAKE CHECK PAYABLE TO: _____

TREASURER USE ONLY Amount of Check \$ _____

Check Number _____ Amount Used \$ _____

Date _____ Amount Redeposited \$ _____

LG PTO EXPENDITURE REPORT

Committee Name _____
Chairperson Name _____
Purchaser Name _____
Chairperson Signature _____

Purchases will not be reimbursed without chairperson signature

List all items that were purchased. Use a separate line for each receipt. Items should be clearly marked on all receipts.

PURCHASES

COST

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

TOTAL RECEIPTS \$ _____

AMOUNT TO BE REIMBURSED \$ _____

MAKE CHECK PAYABLE TO: _____

TREASURER USE ONLY Amount of Check \$ _____

Check Number _____ Amount Used \$ _____

Date _____ Amount Redeposited \$ _____