

TRAFFORD PTO REIMBURSEMENT FORM

COMMITTEE NAME	
CHAIRPERSON NAME	
PURCHASER NAME	
CHAIRPERSON SIGNATURE	
CHECK PAYABLE TO	

Note: No reimbursement will occur without chairperson signature

INSTRUCTIONS: List all items purchased below including where purchased and amount per receipt.

STORE NAME	ITEM DESCRIPTION	AMOUNT
TOTAL RECEIPTS		
TOTAL TO BE REIMBURSED		

PTO USE ONLY

CHECK #

DATE

AMOUNT OF CHECK

APPROVED BY


