

Barrington PTO Expense Reimbursement Form

Treasurer Only

Check # _____

Date Pd _____

Check \$ _____

Today's Date _____

Person requesting check _____

Date Check Needed _____

Check Amount \$ _____

Make Check Payable to: _____

_____ (address)
_____ (city,
state, zip)

Committee Budget to be Charged _____

Subcommittee to be Charged _____

Please be sure to attach all receipts.

Item _____

Amount \$ _____

Total Amount of Expenses to be Reimbursed \$ _____

(This total should equal Check Amount at the top of this form)

Chair Approval _____

*Return this form to PTO Treasurer:
(or leave it in the Treasurers'
envelope in the Aides' room)*

*Leslie Heath
2035 Tremont Rd.
Columbus, Ohio 43221
Phone: 486-6024*