



Franklin PTO Expense Reimbursement Form

To:
From:
Date:

The following purchases have been made for: _____

Item Description:	Dollar Amount:
	\$
	\$
	\$
	\$
	\$
	\$

Total Reimbursement Request: \$ _____

Please attach a copy of the receipt(s) or proof of purchase when submitting this form.

Please submit check to:

Name:

Address:

Signature: _____

Franklin PTO's tax-exempt number is 454-548-648/000. Please note: Franklin PTO cannot reimburse sales tax.

For Treasurer's use only:

Check #:
Date paid:
Posted to: