

Steffen PTO
Expense Reimbursement Request

Committee Name:		
Chairperson's Name:		
Description of Purchases:	Purchase Date	Amount
Total reimbursement requested:		
Make check payable to:		
Name:		
Address:		
City: _____ State: _____ Zip: _____		
Phone Number/Email to be reached at for any questions: _____		
Chairperson Authorization:		
Treasurer's Authorization:		
Payment date: _____ Check: _____		

Any questions, please contact Stacey Bodi at sbodi@ameritech.net or 262-238-9191.

Please attach receipts for all purchases