

TPO ACTIVITY EXPENSE REIMBURSEMENT FORM

Your Name: _____

Your Signature: _____

Event Committee Chairperson: _____

Event name: _____

Event Date: _____

Please attach receipt(s) for each reimbursable item listed and submit to the TPO mailbox located in the faculty workroom near the front office OR feel free to scan/email receipts with this form to my attention of Amy Frost at, TPOTreasury@gmail.com indicating TPO in the email title. Also, TPO does not expect parents to pay out of pocket for items excluded from the budget but realizes this situation does arise. If you have paid out of pocket for any items, please include these items in the Non-Reimbursable items table below to improve future budgets so others can maintain the same quality of events in the future.

Thank you for submitting your expenses in a timely manner – Amy, TPO Treasurer

Expense Date:	
Make Check Payable to:	Mail the reimbursement check to this address:
Phone: Email:	Or check here if you prefer the check to be left in the TPO mailbox for pick up. <div style="text-align: center;"><input type="checkbox"/></div>

Reimbursable Expenses		
Quantity	Description/Detail	Amount
		\$
		\$
		\$
		\$
TOTAL		\$
Out of Pocket Non- Reimbursable Expenses		
Quantity	Description/Detail	Amount
		\$
		\$
TOTAL		\$

Amy Frost, TPO Treasurer

Check Number