



ST. ALBERT THE GREAT PTO EXPENSE REIMBURSEMENT/CASH ADVANCE REQUEST

Event/Activity: _____ Date: _____

Pay to the order of: _____

Payee address or Child's Name/Room #: _____

Explanation of expenditure: _____

Total Amount: \$ _____

Details of goods purchased:

Date	Vendor	Description	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Appropriate receipts must be provided
- Tax will not be reimbursed
- All receipts should be turned in within 30 days of your event

Signature of check requestor: _____

**Send Reimbursement Request and Receipts to: Dave Pickering c/o Theresa Pickering
or mail to Dave Pickering c/o 6667 Wallings Rd., North Royalton, OH 44133**

Contact info: Dave Pickering kidholdem232yahoo.com

To be completed by Treasurer:

Check #: _____

Issuance Date: _____