



GMS PTO Reimbursement Form

Date: _____

Submit To: Heather Carlisle, PTO Co-Treasurer
5225 Aryshire Drive, Dublin, Ohio 43017
Email: hmcarlisle@gmail.com

From: _____

Phone: _____

Committee: _____

ATTACH ALL RECEIPTS TO THE BACK OF THIS FORM

<u>Description of Expenditure</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Check Payable to: _____

Check to be Delivered to: _____

Authorized by: _____
(Signature of Committee Chair or Requestor)

*****Treasurer's Use Only*****

Check # _____

Date Paid: _____

Check Delivered to: _____