

Fogarty Memorial PTO Reimbursement Form

Event: _____

Check Made Payable to: _____

Date: _____ Phone: _____

Expenses: *Please attach all receipts and indicate below what items were purchased, i.e. food, decorations, door prizes etc. Please itemize your purchases.*

List receipts (Store)	Description of what was purchased	Amount \$\$\$	Billed Account (Treasurer only)
<i>Total</i>			<i>Check Number</i>

Notes/Comments _____
