

# SOL FEINSTONE ELEMENTARY SCHOOL PTO REIMBURSEMENT/PAYMENT OF EXPENSE FORM

SUBMITTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. #: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

REIMBURSE TO: \_\_\_\_\_

(please specify if the check should be sent to someone other than the name listed above)

DATE OF EXPENDITURE	DESCRIPTION OF EXPENDITURE	DOLLAR AMT (\$)	COMMITTEE

**(Please attach all receipts to the back of this form)**

### To Be Filled out by Treasurer

TOTAL AMOUNT REIMBURSED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please Note: Checks will be mailed to your home unless otherwise specified.**

**If you have any questions about completing this form or reimbursement, please contact:  
Christine Myers, PTO Treasurer, at 215-497-0113 or [sfeptotreasurer@gmail.com](mailto:sfeptotreasurer@gmail.com)**