

**Omro PTO
Expense Reimbursement Form**

Date: _____

Please pay to: _____

Address: _____

Event(s) purchased items for _____
(Please include originals of all receipts that you are requesting reimbursement for.)

Itemized Description of Payment	Amount
Total amount to be paid	\$

Special Instructions: _____

Requested by: _____

To be filled out by the PTO Officers

Approved by _____ Date _____