SAINT PAUL SCHOOL - PTO
EXPENSE REIMBURSEMENT

Please ensure all expenses are submitted within two weeks of payment to ensure reimbursement. Please also ensure you have preapproval of expenses.

NAME: _____

DATE SUBMITTED: _____

VENDOR	AMOUNT	PURPOSE	DESCRIPTION OF ITEM/SERVICE

TOTAL AMOUNT DUE: $_____

Please attach copies of all receipts and return to Shannon Taylor, PTO Treasurer or to Linda Resca at the Rectory with email cc to Shannon.