

## **EXPENSE REIMBURSEMENT FORM**

Committee Name
Your Name
Address to send payment
Contact number/email
<b>Description of expenses:</b> Please include (1) to whom to make the check payable; (2) the amount of the check to be paid; (3) receipts/invoices for items being reimbursed or if requesting start-up cash for an event please list the sum needed and how the denominations should be split.
Total amount spent:
Signature of committee member
Committee Chairs should use the Tax Exempt form when making purchases as the PTO does not owe sales tax (form available upon request).
Please send the completed and signed form along with your receipts within two weeks of your event to:
Sophia Hu, PTO Treasurer Please send in an envelope either to the school office -
268 South Finley Ave, Basking Ridge, NJ 07920
or to the following -
PO Box 5021, Basking Ridge, NJ 07920
Questions, please email rhsptotreasure@gmail.com
Thank you for your work on behalf of the Ridge PTO!
To be completed by PTO Treasurer: Signature of PTO Treasurer
Check NumberDate Paid