



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for expense: \_\_\_\_\_

<i>Date of Expense</i>	<i>Description (food, drink, supplies, materials)</i>	<i>Amount</i>
		\$
		\$
		\$
		\$
		\$
		\$

Total Amount of Reimbursement Request: \$ \_\_\_\_\_

*Requested Payment Method:*

Check (write mailing address): \_\_\_\_\_

PayPal (write PayPal account email): \_\_\_\_\_

Place this form with attached receipts in the PTO mailbox in the office and email [respto@outlook.com](mailto:respto@outlook.com) for prompt payment **OR** email a copy of this form and receipts to [respto@outlook.com](mailto:respto@outlook.com)