



Holy Family School PTO Expense Reimbursement Form

Turn form into PTO Mailbox in the School Office

****Please attach relevant receipts and turn in within 7 days of expenses****



Date of Submission:	
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Requestor Name: (Check Payable to)	
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Phone Number:	
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Address:	
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Email Address:	
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Event/Activity:	
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Description of Expenses:	

Total Amount of Expenses:	
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For PTO Use

Approved by:	
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Date Approved:	
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