

# Expense Reimbursement

St. Cloud Elementary School PTA  
West Orange, NJ 07052

*\*NOTE: This form, along with accompanying receipts, is to be delivered to the Treasurer*

*NO LATER THAN 10 days after the PTA-sanctioned fundraising event.*

**Any questions? Contact Bill Byrne or Stefano Grotoli at [treasurer@stcloudpta.org](mailto:treasurer@stcloudpta.org)**

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Submitted By: \_\_\_\_\_

PTA Committee/Fundraising Event: \_\_\_\_\_

General Description of Items Purchased: \_\_\_\_\_

## **Receipts:**

Store #1: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #2: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #3: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #4: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #5: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #6: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Store #7: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Total to Be Reimbursed: \$ \_\_\_\_\_**

**Date Received by Treasurer:** \_\_\_\_\_

**Treasurer's Approval:** \_\_\_\_\_

**President's Approval:** \_\_\_\_\_

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**Date Reimbursed:** \_\_\_\_\_ **Check #** \_\_\_\_\_