



Patriot Oaks Academy PTO, Inc.  
 475 Longleaf Pine Parkway  
 Saint Johns, FL 32259  
 www.PatriotOaksPTO.org

Submitted by:	
Contact email/phone for any questions:	
Submission Date: (must be within 30 days of expense/event)	
Total Amount of Reimbursement or payment:	\$
Make check payable to:	
Send check to address or pick up from PTO box:	

**Breakdown of Expense Reimbursement:**

Date	Description	Committee	Amount \$

**I certify that the above expense is for official PTO expenses and supplies. I have enclosed a valid receipt or bill in an envelope with this completed form.** \_\_\_\_\_ (Initial). I have enclosed a copy of any foil paper receipts (these fade over time so the PTO needs a copy for tax purposes). \_\_\_\_\_ (Initial).

\_\_\_\_\_ Signature of Submitter

\_\_\_\_\_ Signature of Treasurer

**Treasurer Only:**

Approved in Annual Budget:	
Approved during PTO meeting:	
Date Paid:	
Account:	
PTO CC# or Check# Paid with:	
Amount:	\$