

Lamar PTO Check Reimbursement Form

Date: _____

Submitted by: _____
Name
Position
Signature

Requester's phone number: _____

Requester's email: _____

Check Payable To: _____

Check Mail To Address: _____

Account(s) to be Debited: _____

Brief Description of Expense: _____

If your invoice/receipts reflect more than one account, please identify each and the amount that is applicable to each:

Item	PTO Category	Amount
		\$
		\$
		\$
		\$

Total \$0

Committee Chair Approval: _____

Treasurer's Notes: _____

Account: _____

Date Invoice Rec'vd/Paid: _____

Check Number: _____

Amount: _____

Please submit this form with receipts to: Liz Toy
 7902 Del Monte Drive
 Houston, TX 77063
 713-459-7777 (Cell)
 713-266-5338 (Home)