LG PTO EXPENDITURE REPORT

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Committee Name Chairperson Name Purchaser Name Chairperson Signature *Purchases will note be reimbursed without chairperson signature*		Committee Name Chairperson Name Purchaser Name Chairperson Signature *Purchases will note be reimbursed without chairperson signature*							
					List all items that were purchased. Use a se receipt. Items should be clearly marked		List all items that were pureceipt. Items should	urchased. Use a separat be clearly marked on a	
					<u>PURCHASES</u>	<u>COST</u>	<u>PURCHASES</u>	<u>i</u>	COST
						\$			\$
	\$			\$					
	\$	· -		\$					
	\$			\$					
	\$			\$					
	\$			\$					
	\$			\$					
	\$			\$					
	\$			\$					
	\$			\$					
	\$			\$					
TOTAL RECEIPTS	\$	TOTAL RECEIPTS \$		\$					
AMOUNT TO BE REIMBURSED	\$	AMOUNT TO BE R	EIMBURSED	\$					
MAKE CHECK PAYABLE TO:		MAKE CHECK PAYABLE TO:							
TRESURER USE ONLY Amount of Check \$		TRESURER USE ONLY	Amount of Check	\$					
Check Number Amount Used \$		Check Number	Amount Used \$						
Date Amount Redeposited \$		Date							