

Crocker Riverside PTO

RECEIPT REIMBURSEMENT FORM

*Please attach all receipts to the back of this form and
Highlight each expense to be reimbursed.*

Date submitted: _____

Name: _____

Address: _____
(We prefer to mail checks to parents)

Phone: _____

Email: _____

Total Amount: \$ _____

Event(s) or Program(s) This Expense Supports:

If total above supports multiple events or programs, please break out expenses for each, and indicate the chair who authorized the expense.

Event/Program	Chair	Amount

Any other notes or special instructions:

QUESTIONS? Please call Joe Delgado at 916-642-5447
or email ptatreasurer@crockerriverside.org