

Mohave PTO Expense Report

Date: _____

Committee: _____

Your Name: _____

Payee Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Where to return check? *(Please allow 5 to 7 days)*

Box in Office

Mail

Other _____

Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	\$

Signature _____

Committee Chairperson Approval _____

PTO President Approval _____

Date Paid: _____

Check Number: _____