



Treasurer Use Only

Check # _____

Amount _____

Date _____

PTO Reimbursement Form

Name: _____

Email: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Committee Name: _____

Total Purchase Amount: _____

Items Purchased:

*Please note that the PTO is a tax-exempt organization and is not required to pay sales tax. Unfortunately, we cannot reimburse volunteers sales tax that they may have paid. In order to avoid paying sales tax, notify the vendor that you are making purchases for the MES PTO with tax exempt ID #45-5072617