

Budget Item:	_____
Date Paid:	_____
Check #:	_____
Deposit Date:	_____

West Freehold School PTO
EXPENDITURE FORM

ACTIVITY: _____

CHAIRPERSON: _____

DATE SUBMITTED: _____

EXPENSE ITEMS: Please list and attached all receipts.

Item Description:	Cost:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses:	\$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

TOTAL PROFITS: \$ _____

REIMBERSEMENT CHECK MADE OUT TO:

All coins need to be rolled (no partial rolls) and excess change should be counted and totals labeled.