

TCWES PTO Reimbursement Form

Name: _____

Address: _____

Position: _____

Date of Expense: _____

I received prior approval by a TCWES PTO Board Member? [] Y [] N

If yes which board member? _____

Payment Method (out of pocket or business/corporate card): _____

Item and Purpose of Expenditure(s) (please give detailed reasons for all expenditures): _____

Prepared by (Print): _____ Date: _____

_____ For PTO USE ONLY _____

I have reviewed these expenses and I believe they are true and accurate.

Approved by (Print): _____ Date: _____
Treasurer/Asst. Treasurer TCWES PTO