

**St. Charles East High School**  
**PTO EXPENSE REIMBURSEMENT REQUEST FORM**  
*(Please Print)*

Date:

Name:

Mailing Address:

Phone:

Committee: (circle one)

Department Grants

Education Foundation

General Expenses

Grounds

Professional Fees

Senior Awards

Staff Appreciation

Student Activities

Student Directory

Explanation of Expense:

**Original** Receipts Attached (list amounts):

Total:

**Approved By** Committee Chair:

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For Treasurer's Records:

CK#

CK Amount

Date