

Lander Elementary School PTG

1714 Lander Road, Mayfield Heights, Ohio 44124

Expense Reimbursement Form

Date: _____

Payee: _____
(The name of the person or company the check is to be made out to.)

Amount: \$ _____

Committee: _____

Reason: _____

Phone Number: _____

Address: _____

Please follow these instructions:

- Fill out the form completely and be specific with the reason for reimbursement
- Attach supporting documentation showing expenditure (copies are fine)
- Please note that the PTG is tax exempt; these will not be reimbursed. (Ohio tax exempt number 34-1660758)
- Return completed form and documentation to the Lander Elementary School office in an envelope marked **“PTG – Shelley Detrow”**
- Checks will be processed at the monthly PTG meetings.
- If you have questions please contact Shelley Detrow at 440-318-4593 or at ukdetrow@gmail.com.

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(For Use By Treasurer Only)

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_