

**WESTON HIGH SCHOOL PTO
OPERATING ACCOUNT
EXPENSE REQUEST FORM**

DATE: _____

REQUESTED BY: _____

PAYEE: _____

AMOUNT OF REQUEST: _____

DESCRIPTION OF PURCHASE: _____

Description	Cost

APPROVED BY (SIGNATURE REQUIRED):

JEN MORSE, TREASURER Jmorse724@yahoo.com _____

JANET HOFFMAN, PRESIDENT janethof@optonline _____

NOTE: THE WHS PTO, INC. IS A 501(C)3 ORGANIZATION AND, AS SUCH, IS NOT PERMITTED TO REIMBURSE SALES TAX.

DATE PAID: _____	CHECK #: _____
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AMOUNT OF CHECK: _____