

**OLG PSO Expense Reimbursement Form**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_ Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this form and all receipts to PSO Treasurer Amanda Fritz, 6101 Idylwood Dr, Edina 55436 or leave in the school office.

Alternatively, you may submit this form and images of all receipts to [amanda.mae.fritz@gmail.com](mailto:amanda.mae.fritz@gmail.com)

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