



Reimbursement Request Form

Your Name _____ Phone _____

Full Address _____

(where check can be mailed or delivered to)

Dated Submitted _____ \$ Amount _____

Reason for Reimbursement _____

RECEIPT(S) TOTALING THE AMOUNT OF REIMBURSEMENT MUST BE ATTACHED.

____ Included in Annual Budget or ____ Approved at meeting (date: _____)

Approved by PTO President _____ Date _____

Approved by PTO Treasurer _____ Date _____

For treasurer use only

Category _____ Check # _____ Dated _____ Logged _____