

# REIMBURSEMENT REQUEST

(Submit to PTO Treasurer within **30 days** of incurring the expense.)

<b>Name:</b>	
<b>Email Address:</b>	<b>Phone:</b>
<b>PTO Event / Activity:</b>	<b>Date Submitted:</b>
<b>Reason for Reimbursement / Description of Expense:</b>	
<input type="checkbox"/> Included in Annual Budget      or <input type="checkbox"/> Approved at Meeting (Date:   /   /   )	
<b>Check Payable To:</b>	<b>Amount:</b> <b>\$</b>
<b>Address (where check should be mailed)</b>	

NOTE: Receipt(s), totaling the amount of reimbursement, must be attached.

<b>Approved by PTO Officer:</b>	<b>Date:</b>
<b>Approved by PTO Officer:</b>	<b>Date:</b>

Treasurer's Use Only: Line Item # \_\_\_\_\_ Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

**\*\* Place Reimbursement Request in the PTO Mailbox in the School Office for processing by the PTO Treasurer \*\***