

# Reimbursement Request

Your School PTO

YOUR NAME:	PHONE:	
PROJECT/CATEGORY:		
DATE SUBMITTED:	DATE MAILED:	
REASON FOR REIMBURSEMENT:		
INCLUDED IN ANNUAL BUDGET	or	APPROVED AT MEETING DATE:
CHECK PAYABLE TO:	AMOUNT:	
FULL ADDRESS (your check will be mailed to you):		

**Receipt(s) totaling the amount of reimbursement must be included.**

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_