



REIMBURSEMENT REQUEST FORM

<u>Name:</u>	<u>Date Submitted:</u>
<u>Phone / Address:</u>	
<u>Reason for Reimbursement:</u> <input type="checkbox"/> Fundraiser: _____ <input type="checkbox"/> Event: _____ <input type="checkbox"/> Other: (explain)	
<u>Amount:</u> \$	<u>Check payable to: (name / address)</u>

Please attach all original receipts associated with this reimbursement:

Approved by PTO President:	Date:
Approved by PTO Treasurer:	Date:

For Treasurers use only:

Account Code: _____ Check # _____ Date: _____

Logged: _____ Init: _____

Budgeted: Yes No