

Reimbursement Request

Reimbursement requests should be approved **PRIOR** to purchase. Receipts are required for all reimbursements.

Requestor Name:	
Requestor Phone/Email:	
Date Submitted:	
Date Needed:	
Date Approved:	
Reason for Reimbursement:	

<input type="checkbox"/> Included in annual budget	OR	<input type="checkbox"/> Approved at meeting
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Check payable to:	
Amount:	
Address of payee:	

PTO Board Approval:

Approved by:	
Date:	
Approved by:	
Date:	

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