

Reimbursement Request

YOUR NAME:		PHONE: () -	
PROJECT/CATEGORY:			
DATE SUBMITTED: / /		DATE MAILED: / /	
REASON FOR REIMBURSEMENT:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET		or <input type="checkbox"/> 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 attached.

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

For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____