

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 _____