

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.

End Total

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

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