

REIMBURSEMENT FORM

REQUESTED BY: _____ DATE: _____

NAME CHECK TO BE ISSUED TO: _____

AMOUNT OF CHECK: _____

ACCOUNT EVENT TO CHARGE: _____ AMOUNT: _____

ACCOUNT EVENT TO CHARGE: _____ AMOUNT: _____

ROOM PARENTS REQUESTING REIMBURSEMENT, PLEASE COMPLETE THE FOLLOWING:

TEACHER: _____ PARTY TYPE: _____

APPROVAL: _____ DATE: _____
PTO PRESIDENT SIGNATURE

APPROVAL: _____ DATE: _____
PTO TREASURER / VICE PRESIDENT SIGNATURE

CK # _____ DATE: _____

ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM