

REIMBURSEMENT REQUEST FORM

RES PTO

NAME OF REQUESTER	PHONE () -
-------------------	----------------------

EXPENSE CATEGORY (PLEASE SELECT ONE)			
	POPCORN		PRINCIPAL / EDU. ASSEMBLY
	CLASSROOM REIMBURSEMENT		PTO OPERATIONAL EXPENSES
	LIBRARY PURCHASES		SPECIAL EDUCATION EVENTS
	IMPROVEMENT - PTO APPROVED		STAFF APPRECIATION
	RAZ KIDS LICENSE		5TH GRADE TRIP
	SOCIAL EVENTS		OTHER / FUNDRAISER ACTIVITIES

EXPENSE DESCRIPTION (PLEASE PROVIDE DETAILS)

CHECK PAYABLE TO	DATE SUBMITTED / /
------------------	---------------------------

MAILING ADDRESS	TOTAL AMOUNT \$
-----------------	------------------------

RECEIPT(S) TOTALLING THE AMOUNT OF REIMBURSEMENT MUST BE ATTACHED. PLEASE NOTE THAT FEDERAL AND STATE SALES TAX WILL NOT BE INCLUDED IN REIMBURSEMENT

APPROVED BY (PTO OFICER)	DATE / /
--------------------------	-----------------

APPROVED BY (PTO OFICER)	DATE SUBMITTED / /
--------------------------	---------------------------

FOR TREASURER'S USE ONLY

CATEOGRY		DATE
Check #		LOGGED DATE