

# Reimbursement Request

Autumn Creek Elementary School PTO

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 \_\_\_\_\_

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