



Parent Teacher Organization
REIMBURSEMENT REQUEST

Event: _____

Date of Request: _____

Items Purchased: _____

Amount of Reimbursement: \$_____

Submitted by: _____ / _____
(Print Name) (Sign Name)

****You must attach your receipts to this request**

For Treasurers use only:

Date Received: _____

Date Reimbursement Delivered: _____

Amount Reimbursed: \$_____ Check Number: #_____

Treasurers Signature: _____

Person Receiving Reimbursement Checks Signature: _____