

Reimbursement Request

High Plain Elementary PTO

YOUR NAME:		PHONE:	
PROJECT/CATEGORY/EVENT:			
DATE SUBMITTED:			
REASON FOR REIMBURSEMENT:			
<input type="radio"/>	INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/> 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 included.

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

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____