

# Reimbursement Request

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 \_\_\_\_\_