

Sweeney PTO
Reimbursement Request Form

Your Name:	Phone:
Date Submitted:	Amount:
Check Payable to:	

Reimbursement is for the following item(s):

Reimbursements will be paid out at PTO meetings. If you will not be in attendance, or would you like your reimbursement sooner, please include your mailing address below.

Address:		
City	State	Zip

Receipts totaling the amount of reimbursement must be attached. This form and receipts must be submitted by the last day of school for the current school year.

For Treasurer's Use Only

Check#	Date:	Logged:	Tab:
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