

Reimbursement Request



YOUR NAME:	PHONE:
EVENT/CATEGORY:	
REIMBURSEMENT AMOUNT:	DATE SUBMITTED:

REASON FOR REIMBURSEMENT:

SELECT ONE:

Included in annual budget ☐

Approved at PTO Meeting ☐

Meeting Date: _____

FORM OF REIMBURSEMENT:

Venmo ☐

Check ☐

VENMO USERNAME: _____

CHECK PAYABLE TO: _____

Receipt(s) totaling the amount of reimbursement must be included.

APPROVED BY (PTO OFFICER):	DATE:
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FOR TREASURER'S USE ONLY:

Total Cash Needed: \$ _____

Check # _____

Category _____

Date Received _____

Date Logged in Ledger _____