

### PTO Reimbursement Request Form

Name of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person/Vendor/Organization Receiving Check: \_\_\_\_\_

Special Instructions (split amount, address for mailing, etc.): \_\_\_\_\_

\_\_\_\_\_

**Please circle or highlight all the categories for the reimbursement below:**

- |                      |                 |                                  |                   |
|----------------------|-----------------|----------------------------------|-------------------|
| Classroom Account    | Holiday Store   | Carnival                         | Yearbook          |
| Field Trips          | Holiday Treat   | Pumpkins                         | Occasion Gifts    |
| Staff Appreciation   | Family Events   | Box Tops                         | PTO Bank & Office |
| Family Reading Night | Halloween Dance | 5 <sup>th</sup> Grade Graduation | Miscellaneous     |
| Other:               | _____           |                                  |                   |

**Please attach all receipts with brief description and amounts noted below:**

_____	_____
_____	_____
_____	_____
_____	_____

**Total for Reimbursement:** \_\_\_\_\_

PTO Treasurer Use Only	Category	Amount
Split Check <input type="checkbox"/>	_____	_____
Split Check <input type="checkbox"/>	_____	_____
Split Check <input type="checkbox"/>	_____	_____
Split Check <input type="checkbox"/>	_____	_____
Paid On: _____ Mailed On: _____ Check Number: _____		