REIMBURSEMENT REQUEST

(You have already paid and need reimbursed by the PTO)

Alton Darby Elementary PTO

|  |  |
| --- | --- |
| Your Name: | Phone:( ) - |
| Project/Category: |
| Date Submitted: | Date Mailed: |
| Reason for reimbursement: |
| INCLUDED IN ANNUAL BUDGET \_\_\_\_\_ OR 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: |