REIMBURSEMENT REQUEST

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

Alton Darby Elementary PTO

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| --- | --- | --- | --- |
| 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: |