



Kensington Elementary PTO Reimbursement Request

YOUR NAME:		PHONE:	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED OR HANDED TO REQUESTOR:	
REASON FOR REIMBURSEMENT:			
<input type="radio"/>	INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/> APPROVED AT MEETING DATE: _____
<input type="radio"/>	INCLUDED IN EVENT/PROJECT BUDGET	or	<input type="radio"/> APPROVED AT MEETING DATE: _____
CHECK PAYABLE TO:		AMOUNT:	
		\$ _____	
FULL ADDRESS (your check may be mailed to you):			

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

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY:

Category: _____

Date of Check: _____

Check #: _____

Date Logged: _____