



## 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="text"/>
<input type="radio"/>	INCLUDED IN EVENT/PROJECT BUDGET	or	<input type="radio"/> APPROVED AT MEETING DATE: <input type="text"/>
CHECK PAYABLE TO:		AMOUNT:	
		\$ <input type="text"/>	
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: \_\_\_\_\_