

# Reimbursement Request

LOCKELAND PTO

YOUR NAME:	PHONE: (      )      -
PROJECT/CATEGORY:	
DATE SUBMITTED: /    /	DATE MAILED: /    /
REASON FOR REIMBURSEMENT:	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET      or <input type="checkbox"/> 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: /    /
APPROVED BY (PTO OFFICER):	DATE: /    /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_