

Reimbursement Request

Park Springs Elementary PTO

YOUR NAME:	PHONE:
PROJECT/ BUDGET CATEGORY:	
DATE SUBMITTED:	EMAIL:
REASON FOR REIMBURSEMENT:	
INCLUDED IN ANNUAL BUDGET	or APPROVED AT MEETING DATE:
CHECK PAYABLE TO:	AMOUNT: \$
Your Students and Teacher Name:	

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 _____ Check # _____ Date _____ Logged _____