

# 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 \_\_\_\_\_