

Reimbursement Request

Birch Meadow Elementary School PTO

(To be used to reimburse out-of-pocket expenses)



YOUR NAME:		PHONE:	
EVENT/PROJECT/CATEGORY:		Grade(s):	
REASON FOR REIMBURSEMENT:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET		or <input type="checkbox"/> APPROVED AT MEETING DATE:	
CHECK PAYABLE TO:		AMOUNT:	

Original receipt(s) must be attached. You will be notified when check is available for pick up at the school office.

By signing, I certify that the expenses for which I am seeking reimbursement are valid and correct.

SIGNATURE OF PAYEE:	DATE:
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APPROVED BY (EVENT CHAIR or PTO OFFICER):	DATE:
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For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____