

Reimbursement Request

Thurgood Marshall Elementary PTO

Date Submitted: _____

Name: _____ Phone: _____

Project/Category: _____

Reason for Reimbursement: _____

INCLUDED IN
ANNUAL BUDGET

APPROVED AT MEETING
(DATE: _____)

Amount: \$ _____

**Receipt(s) totaling the amount of reimbursement must be attached. Receipts should be submitted no more than two weeks after the event.*

Check Payable To: _____

Full Address: *(Your check will be mailed to you.)*

Note: If submitting receipts for more than one committee, please break out total expenses for each. You may use one form for all receipts.

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Approved by (PTO Officer): _____ Date: _____

Approved by (PTO Officer): _____ Date: _____

Date Reimbursement Mailed: _____ Check #: _____