

T.H. Rogers PTO
Reimbursement Request

4/02 yellow

Your Name _____ Phone _____

PTO Position/Committee _____ Date Submitted _____

Check Payable to _____

Full Address

Provide if your check will be mailed to you.

Date Mailed _____

Budget Line Item to be Charged _____ Amount \$ _____

Reason for Reimbursement _____

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____
