



REQUEST FOR REIMBURSEMENT

TO: PTO OFFICERS

FROM: _____

DATE OF REQUEST: _____

AMOUNT OF REIMBURSEMENT: _____

DESCRIPTION OF ITEMS PURCHASED:

_____.

COMMITTEE/CLASSROOM FOR WHICH ITEMS WERE PURCHASED:

_____.

CHECK MADE PAYABLE TO:

NAME _____

ADDRESS _____

Please attach all applicable receipts for items purchased. Please note that tax exempt certificates are available for your use. PTO will not be responsible for reimbursement of sales tax.