



### REIMBURSEMENT REQUEST

Name:	Date:
Check Payable To:	Phone or eMail:
Check Delivery:    ___ I will pick up my check in the office  ___ Mail my check here:	

VENDOR	DESCRIPTION	AMOUNT
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$

Please submit copies of all receipts with this form

Total \$

PTO BOARD USE ONLY		
Date:	Check Number:	Amount:
Signature:		
Signature:		
FORM MUST BE SIGNED BY TWO BOARD MEMBERS (PRESIDENT, VICE PRESIDENT or TREASURER)		