

# Reimbursement Request for RES PTO

NAME OF REQUESTOR: _____	PHONE: (        )        -
PROJECT/CATEGORY: <i>(Circle/Highlight Best One)</i> AR Book Fair Box Tops Dine Out Directory Fall Fundraiser Library Picture Person Spirit Wear Social/Popcorn Yearbook SCRIP Room Parent/Parties Staff Appreciation: _____ Staff/Teacher Allocation Volunteers	
Rock the House: <i>(Circle/Highlight Best One)</i> Bake Sale Baskets Décor. Dinner Grab Bag Performers Food/Bev. Raffle Other: _____	
PTO Committee Miscellaneous: _____	
DATE SUBMITTED:  /      /	DATE MAILED:  /      /
REASON FOR REIMBURSEMENT:  	
<div style="display: flex; justify-content: space-between;"> <span><i>(CIRCLE/HIGHLIGHT BEST ONE)</i></span> <span>APPROVED AT MEETING (DATE:    /    /    )</span> </div> INCLUDED IN ANNUAL BUDGET	
CHECK PAYABLE TO:  	AMOUNT:  \$
FULL ADDRESS: (Provide if check should be mailed to requestor.)  	

Receipt(s) totaling the amount of reimbursement must be attached. Please note that state sales tax will not be included in reimbursements.

APPROVED BY (PTO OFFICER): _____	DATE:  /      /
APPROVED BY (PTO OFFICER): _____	DATE:  /      /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_