



Request for Reimbursement 2014-2015
Sheiko Elementary School PTO

Name/Teacher _____ Grade _____
Email _____

Description of Expense: (Receipts of each expense MUST be attached to this form)	\$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Reimbursement Due \$ _____
(You may attach another page of needed)

Approved By: _____ Date: _____
Sonja James, Principal

Approved By: _____ Date: _____
PTO Board Member

Easy Steps to Reimbursement:
1- Fill out the form above completely. Total the amount due you.
2- Attach All Receipts. **NO RECEIPT - NO REIMBURSEMENT!**
3- Submit completed report to treasurer- Denise Tarnopol

Questions? (248) 977-9716

Please Note:
1- To receive reimbursement at the next PTO meeting, submit request at least 3 days prior to meeting.
Thank you for submitting your expenses properly and, most of all, for your generous support of our schools!