

Magsig PTO

Reimbursement Request

YOUR NAME:		REQUEST DATE:
CONTACT INFO (PHONE OR E-MAIL):		
<input type="checkbox"/> REQUEST REIMBURSEMENT <i>Attach receipt(s)</i>	<input type="checkbox"/> REQUEST PREPAYMENT <i>Attach Invoice</i>	<input type="checkbox"/> CASH WITHDRAWAL <i>Explain below</i>

PTO CATEGORY/EVENT i.e. Fall Frenzy, Hospitality, Orientation	PURPOSE OF EXPENSE	AMOUNT
TOTAL		\$

REIMBURSEMENTS WILL BE LEFT IN THE PTO MAILBOX OR YOUR MAGSIG MAILBOX. PLEASE PROVIDE YOUR ADDRESS IF YOU WOULD LIKE YOUR CHECK MAILED.

ADDRESS (STREET/CITY/ZIP):

FOR PTO USE ONLY:

<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	<input type="checkbox"/> APPROVED AT MEETING	<input type="checkbox"/> OTHER
CHECK #	DATE PAID:	SIGNATURE REQUIRED BELOW
		APPROVED BY: (IF REQUIRED)

REIMBURSEMENT REQUEST MUST BE SUBMITTED TO PTO TREAS. WITHIN 45 DAYS OF THE RECEIPT DATE. PTO WILL NOT ABSORB THE COST OF SALES TAX. THE MAGSIG PTO IS A 501C3 AND IS EXEMPT FROM SALES TAX. THEIR TAX ID # IS 38-3855835. YOU WILL NOT BE REFUNDED AN AMOUNT THAT IS GREATER THAN YOUR ORIGINAL REQUEST.