

# Suffield Elementary PTO Reimbursement Form

## Personal Information

Date : \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Account Information

Check Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Project: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Receipt(s) totaling the amount of reimbursement must be attached**

## Treasurer's Box

Account #: \_\_\_\_\_

Check #: \_\_\_\_\_

Dated: \_\_\_\_\_

## Final Details

Approved by (Chairperson or PTO Officer): \_\_\_\_\_

Date: \_\_\_\_\_

Submit directly to the PTO Accounts Payable Elizabeth Diana at [Elizabethdiana73@yahoo.com](mailto:Elizabethdiana73@yahoo.com)  
and Stephanie LePage at [littlepa\\_c@hotmail.com](mailto:littlepa_c@hotmail.com).