

COVID-19 Restrictions

To minimize touch points, please complete this form, scan your paperwork and/or receipts and email them to johnholeptotreasurer@gmail.com.

Dr. John Hole PTO

Reimbursement Request

utilize this form when requesting reimbursement from the PTO for expenses that were paid directly by you.

RECEIPTS MUST BE ATTACHED

Your Name Phone

Date Submitted

Check Payable to _____

Full Address _____

Your check will be mailed to you

Project/Category _____ Amount \$ _____

Reason for Reimbursement _____

Included in annual budget

Approved at meeting **must have PTO Officer approval signature below**

RECEIPT(S) TOTALING THE AMOUNT OF REIMBURSEMENT MUST BE ATTACHED.

Approved by PTO Officer _____ Date

For treasurer's use only

Check #	_____	Date Requested	_____	Deliver By	_____	Confirmation #	_____	Cleared	_____
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