

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 for Staff

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 (please circle) 2ndgr/3rdgr/4thgr/5thgr/Art/Music/PE/Bookroom/IMC/Counselor/
Technology/GIS/Special Education/Science Room/Special Projects

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 Principal _____ Date

Approved by Secretary _____ Date _____

Approved by PTO Officer _____ Date _____

For treasurer's use only

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