



**CARMEL ELEMENTARY PTO
REIMBURSEMENT/DEBIT PURCHASE FORM**

Date Needed: _____

Amount: _____

Debit Card Purchase: No Yes

From: _____

Reimbursement Options:

PayPal (include account name) _____

Check made payable to: _____

Category/Fund requested from: _____

Reason for check: _____

Delivery Options (Choose One):

___ Send Home with _____ in _____ class

___ Put in the Payee's school mailbox

___ Mail to the address on the attached invoice

___ Mail to: _____

Chairperson's Signature: _____

Chairperson's Name (printed): _____

Date: _____

Treasurer's Signature: _____

Office Use Only

_____ Check #

_____ Date