

Hugh Cole School **PTO**

REIMBURSEMENT REQUEST

Please fill in all shaded areas and submit to the Treasurer

YOUR NAME:

PHONE:

PROJECT/EVENT:

DATE SUBMITTED:

AMOUNT:

REASON FOR REIMBURSEMENT:

CHECK PAYABLE TO:

FULL ADDRESS (If you want your check mailed to you):

Receipt(s) totaling the amount of reimbursement must be included.

APPROVED BY (PTO OFFICER):	DATE:
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FOR TREASURER'S USE ONLY: ___ Included in Annual Budget **or** ___ Approved at Meeting (Date: _____)

Category _____ Check # _____ Date _____ Logged _____ Date Mailed _____