Ledgeview PTO Reimbursement Form

Fill out the form below completely. **All receipts should be attached to the form.**

Date	
PTO Event	
Submitted by	
Phone	
Email	
Send Check to (name)	
Address	
City/State/Zip	
□ Send home with my student	teacher/grade
□ I'll pick up from the Main Office/PTO Mailbox	

Description of Purchase	Amount
Total Reimbursement Request	

Please send to Ledgeview office marked *"Attention PTO Treasurer"*.

_____   _____
Requestor Signature   Event Chair Signature

Treasurer Use Only			
Date Received		Date Paid	
Check Number		Amount	

8/8/2023