

STREAMS PTO
PURCHASE ORDER/REQUEST FOR REIMBURSEMENT

Date: _____

Purchase Order

Details	Quantity	Unit Price	Total
Subtotal			
Tax			
S&H			
Total			

Make check payable to (if applicable): _____

Approved by: _____

Reimbursement

Please send through school with my child:

Name: _____

Teacher: _____

If you would like the check mailed, please enclose a stamped self-addressed envelope.

For Treasurer's Use Only:

Date Paid: _____

Check # _____