

Dual Immersion Academy of Salinas

PTO

Reimbursement Form

Name _____

Date _____

Phone _____

Address if being mailed _____

Amount \$ _____

Purpose of reimbursement/Activity funds were used for: _____

Attach receipts and/or all supporting documentation. Without receipts check cannot be processed.

Signature _____

Treasurer's Use Only

Date received _____

Check # _____

Amount _____

Category _____

Approved by PTO Officers _____
