

PTO Reimbursement Walter C. Polson Middle School

Reimbursements are due by the last day of school

Requestor Name:

Phone:

Email:

Request Date

Check Payable To:

Mailing Address:

City, State, Zip:

Backpack Mail:

◀ Provide self-addressed & stamped envelope

◀ Fill this out if you don't want your check mailed

Child's Name

Teacher's Name

Itemized Expenses

Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle PTO items & write the total on the receipt

RECEIPT DATE	DESCRIPTION	AMOUNT
TOTAL		

Description of Usage / Reason for Reimbursement

Requestor Signature

Date

Approval

Approved By (Name)

Position

Signature

Date

Check Date

Budget Account / Category

Check No.

Amount

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