

Eastview PTO

Request for Reimbursement or Approval for Purchase

Date of Request: _____

Request Submitted by: _____

Grade/Department: _____

Phone: _____

Email Address: _____

Budget Category/Event: _____

Items requested/purpose: _____

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd, *Journal of Internal Medicine* 260: 103–111

Make check payable to: _____

Exact amount of check: \$ _____ Check needed by: _____

If you are attaching a receipt for reimbursement, please highlight the total amount or the individual line item amount.

If you are requesting approval for a purchase, please wait to receive an approved copy of this form before placing your order.

Please submit this form to PTO Treasurer, or place in the PTO mailbox for reimbursement/approval.

.....

☐ Approved Check #: _____ Date: _____ Amount: \$ _____

Approved by: _____

PTO President

PTO Treasurer

PTO Treasurer

☐ Denied Reason:

Reason: _____

Denied by: _____

PTO President

PTO Treasurer

PTO Treasurer