



## ROYAL PRIDE PTO REIMBURSEMENT FORM

Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Phone #: \_\_\_\_\_

Payable To: \_\_\_\_\_

Payment Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| <u>Date</u> | <u>Vendor/Supplier</u> | <u>Amount</u> | <u>Description/Committee to Charge</u> |
|-------------|------------------------|---------------|----------------------------------------|
|-------------|------------------------|---------------|----------------------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total: \_\_\_\_\_

E-mail form and receipts/invoices to Rachel Anderson, Royal Pride PTO Treasurer, at [hseroyalpridetreasurer@gmail.com](mailto:hseroyalpridetreasurer@gmail.com) OR leave form and receipts/invoices in the BLUE folder in the Royal Pride PTO mailbox.