



PTO REIMBURSEMENT FORM

Date: _____

Name: _____

Email: _____

Phone: _____

Purpose: _____

Reimbursement Check

- ☐ Pick up from school office
☐ Kid Mail

Step 1 Instructions: Fill out this form in its entirety and tape the original detailed receipt for each purchase to a sheet of paper. Please do not staple receipts to this form. Place this completed form and receipts in an envelope addressed to the PTO Treasurer and put it in the PTO mailbox located in the front office at school. Forms must be submitted within 30 days of the conclusion of the event. Please keep a copy of this form and the receipts for your records. The PTO Treasurer will be in contact with you to let you know when your reimbursement check is ready. Please deposit your check within 30 days.

Date of Purchase	Description (Vendor, Item Description, Purpose of Expense)	Total Amount
Total Due		

Step 2 Instructions: The PTO President or Vice President must approve this request before the PTO Treasurer issues a check.

President or Vice President Approval *Date*

Step 3 Instructions: The PTO Treasurer issues a check for the approved amount and completes the form below to complete the record of this transaction.

Check Issued: (YES/NO) **Check Number:** _____ **Amount:** _____

Budget Items Charged: _____

Signature of Treasurer *Date*