

# Reimbursement Request

## Heritage Elementary

NAME:
PHONE: (     )     -
DATE SUBMITTED:
REASON FOR REIMBURSEMENT:
MAKE CHECK PAYABLE TO:
AMOUNT TO BE REIMBURSED:

Receipt(s) totaling the amount of reimbursement must be attached.

**REIMBURSEMENT CHECKS WILL BE LEFT IN THE FRONT OFFICE IN THE PTO MAILBOX.**

APPROVED BY (PTO OFFICER)	DATE:
APPROVED BY (PTO OFFICER)	DATE:

For Treasurer's Use Only: Category \_\_\_\_\_

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_