

# Reimbursement Request (24-25)

## Heritage Elementary PTO (non-Staff)

Name:
Phone Number:
Email Address:
Date Submitted: (must be within 60 days of purchase)
Make Check Payable to:

Please list expenditures for each program/ committee/ event separately. Receipts totaling the amount of the reimbursement must be attached.

Description of Expenditure	Program/ Committee/ Event	Amount

**TOTAL REIMBURSEMENT AMOUNT:** \_\_\_\_\_

**Reimbursement checks will be left in the PTO mailbox in the Heritage front office.**

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For Officer Use Only:

Approved by:	Date:
Approved by:	Date:

Budget Category	Amount

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