



Request for Reimbursement

Reimbursement Summary

Date of Request:	Date Check/Reimbursement Needed:	Type: (Circle One) Payment Request or Reimbursement
Requested by:		Check Payable to:
Delivery Instructions: i.e. mail (include address), PTO mailbox, hand deliver, etc.		

Expense Detail

Expense Description	Budget Category Number (see list below)	Amount
Total Requested:		

Please attach all supporting documentation/receipts to form. Subject to approval.

Budget Categories

- | | | | |
|--------------------|---------------------------|------------------------|-----------------------------|
| 01--- Book Fair | 07--- Hospitality | 13--- Nurse | 19--- Tiger Trek |
| 02--- Carnival | 08--- Ice Cream Social | 14--- PTO Operations | 20--- Teacher Startup Funds |
| 03--- Enrichment | 09--- Innovation Grants | 15--- Recess Equipment | 21-- Other |
| 04--- F/D Dance | 10--- Label Collection | 16--- School Kits | |
| 05--- Field Day | 11--- Mother/Son Kickball | 17--- Specials | |
| 06--- Holiday Shop | 12--- Movie Night | 18--- Testing Snacks | |

Board Approved: _____

Date: _____

2nd Board Approval (required for all unbudgeted expenses and for expenses over \$50)

For Treasurer Use	Date Paid:	Amount Paid:	Check Number:
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