# Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and left in PTO mailbox in the Main office of the school. Reimbursement Checks will be mailed out in 3-5 business days.

Date _____

Budget Category _____

Approver Name _____

Submitted by _____

Phone _____

Email _____

Send Check to (name) _____

Address _____

City/State/Zip _____

| Description of Purchase | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| Total | |

## Treasurer Use Only

Check Number Amount Date

Budget Category