



PTO of TAOTS

2016-2017

REIMBURSEMENT REQUEST FORM

Please attach all invoices or receipts that pertain to this request to the back of this form. If you have more than one receipt, please itemize on lines provided. Make sure all line items below are filled out. If you have any questions with regards to this form please contact the PTO Board for further explanation.

Date: _____

Amount of requested reimbursement: _____

Name: _____

Phone #/Address (if mailing required): _____

Event/Item Name: _____

Date of Event: _____ Event Chair-Person: _____

Reason for reimbursement:

For PTO Authorization ONLY

Approved by:

Officer Name: _____ Title: _____ Signature: _____ Date: _____

Officer Name: _____ Title: _____ Signature: _____ Date: _____

Date Check processed: _____ Check #: _____