



Email completed form to:
momsptox@gmail.com

Reimbursement Request Form

YOUR NAME:		PHONE:	
PROJECT/COMMITTEE:			
DATE SUBMITTED:		DATE MAILED:	
REASON FOR REIMBURSEMENT:			
<input type="checkbox"/>	INCLUDED IN ANNUAL BUDGET	or	APPROVED AT MEETING DATE:
<input type="checkbox"/>		<input type="checkbox"/>	
CHECK PAYABLE TO:		AMOUNT:	
		\$ 0.00	
FULL ADDRESS (your check will be mailed to you):			

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

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

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____

IMPORTANT: Original receipt(s) or the packaging slip & invoice must be attached; otherwise, check request cannot be processed.