 **Reimbursement Request**

Name: Phone: ( ) -

Project/Category:

Date Submitted: / /

Please select one of the following for reimbursement:

* Please leave my check in the PTO mailbox which is located in the mailroom across from the front office. It will be in an envelope with your name
* Please send my check home with my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. His/her teacher is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I take responsibility for the check once it is given to the student.
* Please mail me my check. My address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Attach All Receipts or Invoices Reimbursement Total $\_\_\_\_\_\_\_\_\_\_\_\_

Please turn receipts in as soon as possible after purchase. No reimbursement will be given after 90 days of event. Checks not cashed before the end of school year will become null and void.

Received by: Check # Issued: