

Discovery Elementary School PTO

Reimbursement Request

Name _____

Date Submitted _____ Phone Number _____

Make Check Payable to _____

Address (if this needs to be mailed): _____

Project/Category _____

Amount to be reimbursed _____

Reason for reimbursement _____

____ Included in annual budget ____ Approved at meeting date _____

*Receipts totaling the amount of reimbursement must be attached to this form on a separate piece of paper.

*All reimbursements will be made within three days of submission date. Checks will be mailed, or put in the appropriate school or PTO mailbox.

Approved by President _____ Date _____

Approved by Treasurer _____ Date _____

Expenses under \$200 require 1 signature. Over \$200 requires 2 signatures. Expenses over \$200 also require board approval if not included in the annual budget

For Treasurer's Use Only _____

Category _____ Check# _____ Date _____ Logged _____