

FINDLEY ELEMENTARY PTO REQUEST FOR REIMBURSEMENT

**Note: Reimbursement requests must be at least \$10
unless it is your last one of the school year**

Date _____

Budget Category: _____ Grade _____

Person Making Request: _____

Check To Be Made Payable to: (if different than above) _____

Phone # or Email: _____

Amount: \$ _____

Item (s) Purchased: _____

Reimbursement Return Route:

I'm a teacher, please leave it in my box.

Send it home with my child: Child's Name: _____

Child's Teacher: _____

Mail Address: _____

PLEASE STAPLE RECEIPTS TO THE BACK OF THIS FORM

PLEASE PLACE FORM IN PTO TREASURER'S BOX

Check Number _____

Check Issue Date _____

Check Amount: _____

Issued By: _____

BOTTOM SECTION TO BE COMPLETED BY PTO TREASURER