



Jefferson R-7 PTO

Reimbursement Request

Treasurer's Use Only	
Ck #:	_____
Date:	_____
Amt:	_____

Your Name: _____ Phone #: _____

Committee: _____

Date Submitted: ____ / ____ / ____ Signature: _____

Reason for Reimbursement: _____

Included in Annual Budget or Approved at Meeting
(Date: ____ / ____ / ____)

Ck Payable to: _____ Amount: \$ _____

Full Address: (Your Check will be mailed to you unless other arrangements are made.)

Receipts totaling the amount of reimbursement must be attached.

Approved by PTO Officer: _____ Date: _____

(Treasurer: Copy of check to be printed below this line)