**REIMBURSEMENT REQUEST**

**TENNEY GRAMMAR PTO**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **Your Name:** | **Phone (            )                   -** |

|  |
| --- |
| **Project Category:** |

|  |  |
| --- | --- |
| **Date Submitted:** | **Date Mailed:** |

|  |
| --- |
| **Reason for Reimbursement:** |

|  |  |
| --- | --- |
| **Included in Annual Budget:****YES                          NO** | **Approved at Meeting****Date:** |

|  |  |
| --- | --- |
| **Check Payable to:** | **Amount:** |

|  |
| --- |
| **Full Address (check will be mailed out):** |

**Receipts totalling the amount of reimbursement request must be attached** |

|  |  |
| --- | --- |
| **Approved by PTO Officer:** | **Date:** |
| **Approved by PTO Officer:** | **Date:** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Treasurers use:**

**Category\_\_\_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Logged\_\_\_\_\_\_\_\_\_**