**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** |

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| --- | --- |
| **Approved by PTO Officer:** | **Date:** |
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**For Treasurers use:**

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