

LAUREL SCHOOL PTO
REIMBURSEMENT REQUEST

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address *(your check will be mailed to you)* _____

Date Mailed _____

Project/Account _____ Amount \$ _____

Reason for Reimbursement _____

Approved by (Committee Chair) _____ Date _____

Receipt(s) totaling the amount of the reimbursement must be attached.

Approved by PTO Officer _____ Date _____

Approved by PTO Officer _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____