



REQUEST FOR REIMBURSEMENT

To: PTO Officers

From: _____

Date of Request: _____

Amount of Reimbursement: _____

Description of Items Purchased:

Committee/Classroom for which items were purchased:

Make Check Payable To:

Name: _____

Address: _____

Please attach all applicable receipts for items purchased. Please note that tax exempt certificates are available for your use. PTO will not be responsible for reimbursement of sales tax.