



PTO REIMBURSEMENT FORM 2017-18 SCHOOL YEAR

(Numbers 1-8 MUST be filled out completely by person submitting this form)

1. AMOUNT: _____ 2. DATE _____

3. PAYEE: (This is who the check will be made out to) _____
PAYEE ADDRESS: _____
PAYEE PHONE & EMAIL: _____

4. YOUR NAME (if different from the payee above): _____
YOUR ADDRESS: _____
YOUR PHONE & EMAIL: _____

6. PURPOSE OF EXPENSE: _____

7. BUDGET CATEGORY (Please circle one below. If multiple activities are included on this request for reimbursement, please list reimbursement amounts next to budget category)

- | | |
|------------------------------|---------------------------------|
| A. Administrative: _____ | N. Ice Cream Social |
| B. Art Appreciation Program | O. Kindly Wizards Service Club |
| C. Big Hearts/Little Hands | P. Pancake Breakfast |
| D. Book Fair | Q. Room Parenting (Circle One): |
| E. Chess Club | Parent Social or Room Party |
| F. Enrichment _____ | R. School Pictures |
| G. Family Math Fest | S. Science Festival |
| H. Family Reading Night | T. Spirit Sales |
| I. Fourth Grade Breakfast | U. Teacher Project Grants |
| J. Fourth Grade Science Club | V. Welcome Wagon |
| K. Fun Lunch | W. Yearbook |
| L. Green for Good | X. Other: Be Specific _____ |
| M. Hospitality: Event _____ | |

8. RECEIPTS: All receipts that relate to this particular reimbursement request MUST be included. You can submit this form and copies of your receipts electronically by emailing the treasurer. If you have any questions, please email Ginger Riessen at willardtreasurer@district90pto.org

=====For Treasurer Use Only =====
Entered Date: _____ Del. By Date: _____ By: _____