



# PTO REIMBURSEMENT FORM 2019-20 SCHOOL YEAR

1. AMOUNT: \_\_\_\_\_ 2. DATE \_\_\_\_\_

3. PAYEE: (This is who the check will be made out to) \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_

PAYEE PHONE & EMAIL: \_\_\_\_\_

Please check box if payee has moved since last reimbursement:

4. YOUR NAME (if different from the payee above): \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR PHONE & EMAIL: \_\_\_\_\_

5. PURPOSE OF EXPENSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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: \_\_\_\_\_

B. Art Appreciation Program

C. Big Hearts/Little Hands

D. Book Fair

E. Chess Club

F. Enrichment \_\_\_\_\_

G. Family Reading Night

H. Fourth Grade Breakfast

I. Fourth Grade Science Club

J. Fun Lunch

K. Green 4 Good

L. Hospitality: Event \_\_\_\_\_

M. Ice Cream Social

N. Kindly Wizards Service Club

O. Pancake Breakfast

P. Room Parenting (Circle One):

Parent Social or Room Party

Q. School Pictures

R. Science Festival

S. Spirit Sales

T. Staff Appreciation: Event \_\_\_\_\_

U. Teacher Project Grants

V. Welcome Wagon

W. Yearbook

X. Other: Be Specific \_\_\_\_\_

7. 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 Carrie Ryan at [willardtreasurer@district90pto.org](mailto:willardtreasurer@district90pto.org)

=====For Treasurer Use Only =====

Entered Date: \_\_\_\_\_ Del. By Date: \_\_\_\_\_ Check #: \_\_\_\_\_